



# BANK ACCOUNT INFORMATION

## SCHOLAR INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

CBIE STUDENT #: \_\_\_\_\_ PROVINCE OF STUDY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## BANK INFORMATION

NAME OF BANK: \_\_\_\_\_ BANK NUMBER: \_\_\_\_\_

BRANCH NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

BRANCH ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ BANK ACCOUNT IN EFFECT AS OF: \_\_\_\_\_

## SIGNATURE

I have attached a voided cheque and authorize CBIE to deposit my allowances and expenses directly into this account through Direct Payment Service.

SCHOLAR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please remember to inform CBIE of any changes related to your bank account in order to ensure continuous service in deposit of funds.**

**Please return the completed form and scanned copy of your voided check to your ALT Program Manager.**