



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:
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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.