

Student Direct Deposit Application

(Electronic Funds Transfer)



Deposit Information

Please attach a void cheque from your account or a printout of your account information that can be obtained through your financial institution's website or directly from your financial institution.

Student Information

Student Name: _____

Student Number: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____

Authorization

Student Signature _____ Date: / /
(mm/dd/yyyy)

Send the completed form, including the VOID cheque, to:
Financial Services | UFV | Abbotsford Campus A291
Or by email to: acctspayable@ufv.ca

Office Use Only

Vendor ID _____ Banking Setup _____

Address Type _____ Reviewed By _____

Default Added _____ Confirmation _____

Email Setup _____

Collection Notice: The personal information requested on this form is collected under the authority of the University Act, and in accordance with the Freedom and Information and Protection of Privacy Act (FIPPA). The information will only be used for the purpose of processing direct deposits. Direct any questions about this collection to Financial Services at UFV at (604) 864-4686 or see <http://www.ufv.ca/informationprivacy>.