



LAXGALTS'AP
Village Government
Education Department

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Fax: (250) 621.3320
Toll Free: 1-877-447-0077
PO Box 200, 416 North Rd, Greenville, B.C. V0J 1X0

Direct Deposit Information Form

{Please print clearly}

Name: _____ Phone Number: _____

Social Insurance Number: _____ Birth Date: _____

Address:

Street Address: _____

Town: _____

Province: _____ Postal Code: _____

Banking Information:

Bank Name: _____

Branch Location: _____

Type of Account: _____ {i.e. Chequing or Savings}

Transit #: _____

Bank / Institution #: _____

Account #: _____

The information on this form will be used to deposit your education training allowance directly into your bank account.

Please ensure that you complete all the sections of the form. If you have a chequing account, please attach a void cheque to this form. From the void cheque, we can verify accuracy of the information filled out on this form.

“A DWELLING PLACE COMPRISED OF DWELLING PLACES.”