Federal-Provincial Fellowship and Travel Scholarships

Direct Deposit Form

Check one only

☐ To Start Direct Deposit ☐ To Change Information on Direct

Full Name _____

Mailing Address _____ Postal Code _____

Email Address _____

1. Sign this form authorizing payment by direct deposit to your account.

I hereby authorize direct deposit to the account designated below. I understand that the information provided herein will be used by the Government of Saskatchewan for the purposes of payment processing and accordingly is available to all ministries of the Government of Saskatchewan for such purposes. Further, I understand that this agreement may be cancelled at any time by myself or the Government of Saskatchewan by written notice.

Signer's Name _____ Title _____

(please print) (please print)

Authorizing Signature _____ Telephone Number _____

2. Please do A or B: (A is preferable, unless we are paying to a non-chequing account)

A) Attach a current blank cheque or photocopy marked "Void". The payee's name and address should be pre-printed on the cheque.

Or

B) Have an official from your financial institution provide the following information regarding your current account.

Branch	Institution	Account Number

_____

Name and Address of Financial Institution

_____

Financial Institution Official's Signature and Stamp

Please fax to Student Services at (306) 787-1608

For Office Use Only	
	Supplier Site Name _____
	Date Received in Finance _____ Received by _____
	Date Entered on MIDAS _____ Entered by _____