



## Direct Deposit Form

I authorise the Canadian Rugby Foundation or Rugby Canada to deposit disbursements electronically to the account noted below.

Company Name:	
Contact Person:	
Contact Title:	
Email Address for Payment Notification:	
Account Type (please check one):	Personal <input type="checkbox"/> University <input type="checkbox"/> Company <input type="checkbox"/>
Signature:	
Date:	

**Please attach a "VOID" Cheque or complete the below:**

<i>Bank Name</i>	
<i>Bank Address</i>	
<i>Institution Number</i>	
<i>Transit Number</i>	
<i>Account Number</i>	
<i>Personal Address</i>	
<i>Personal SIN #</i>	
<i>Student ID#</i>	