



DIRECT DEPOSIT FORM

Please complete this form with your banking details to set up direct deposit for your pay from the Ontario Equine Education and Employment Program. Ensure all information is accurate

☐ _____ (Name) wishes to be paid by OHHA for program purposes

Account Name: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Institution Number:	Transit Number:	Account Number:
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Signature: _____ Date: _____

INSTRUCTION

Please complete the form and attach a VOID cheque to confirm information provided is accurate. Please send this form to **callie@ohha.ca**