



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:

Three horizontal rows of empty square boxes. The first row has 3 boxes, the second row has 5 boxes, and the third row has 10 boxes. These are intended for children to draw pictures in.

Signature:

Date:

INSTRUCTION

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