



# Incontinence Supplies Grant Program Direct Deposit OPTION

## SECTION 7

Please complete the banking information below, should you wish to receive this grant as a direct deposit

Account Holder's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

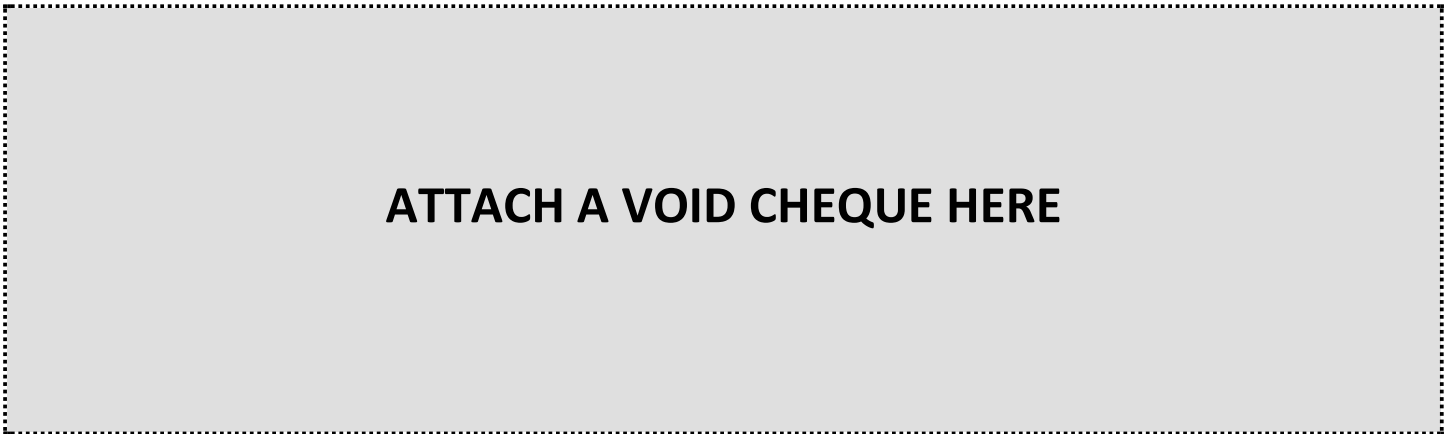
Main #: ( \_\_\_\_\_ ) \_\_\_\_\_ Alternative # ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's Health Card #: \_\_\_\_\_ Version Code: \_\_\_\_\_

Please attach a blank cheque marked "void".



If unable to attach a void cheque, please complete the following information (Please note incorrect information could result in your cheque being deposited into a wrong account):

Transit # (5 digits): \_\_\_\_\_ Bank Branch # (3 digits): \_\_\_\_\_ Account #: \_\_\_\_\_

Please enter all of the numbers printed on the bottom of your cheque: \_\_\_\_\_

### AUTHORIZATION

I hereby authorize the above depositor to deposit to the account indicated above. This authorization will be in force until notice in writing is given to stop the direct deposit.

Parent/Legal Guardian – print name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Parent/Legal Guardian signature: \_\_\_\_\_ Date: year \_\_\_\_\_ / month \_\_\_\_\_ / day \_\_\_\_\_

Completed applications can be sent via:

**Mail:** Easter Seals Ontario, I.G. Program  
One Concorde Gate, Suite 700  
Toronto, ON M3C 3N6  
**Fax:** 416-696-1035 *send attention I.G. Program*  
**E-mail:** igprogram@easterseals.org

For frequently asked questions, please visit:  
[www.easterseals.org](http://www.easterseals.org)  
**or contact:**  
Program Coordinator  
(416) 510-5074