



Helping Kids with Physical Disabilities Succeed

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: _____

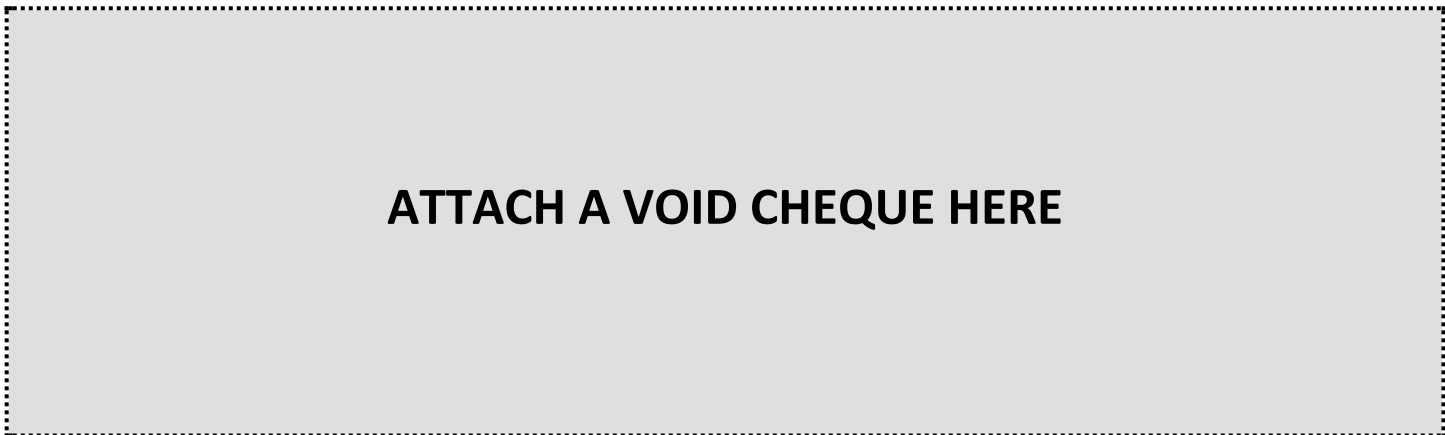
Main #: (____) _____ Alternative # (____) _____

E-mail: _____

Child's name: _____

Child's Health Card #: _____ Version Code: _____

Please attach a blank cheque marked "void" or a direct deposit form from your bank.



If unable to attach a void cheque or direct deposit form, please complete the following information:

Transit # (5 digits): _____ Bank Branch # (3 digits): _____ Account #: _____

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

(Please note: incorrect information could result in your cheque being deposited into a wrong account)

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: month ____ / day ____ / year ____

Complete and send by:

Mail: Easter Seals Ontario, I.G. Program
One Concorde Gate, Suite 700
Toronto, ON M3C 3N6

Questions: 416.510.5074

Fax: 416-696-1035 *send attention I.G. Program*

E-mail: igprogram@easterseals.org