



PERSONAL DIRECT DEPOSIT INFORMATION

Internal Use Only

PERSONAL INFORMATION

Form fields for PREFIX, FIRST NAME, MIDDLE NAME, SURNAME, TITLE/POSITION, SOCIAL INSURANCE NUMBER, and DATE OF BIRTH.

CONTACT INFORMATION

Form fields for HOME PHONE, WORK PHONE, and CELL PHONE.

ADDRESS 1 ADDRESS 2

NOTE: If listing two addresses, please identify a default as all NOSM Communication will be sent to this address.

Form fields for ADDRESS 1 and ADDRESS 2, including checkboxes for 'This is my default address' and 'Please indicate Address Type'.

BANKING INFORMATION

Form fields for account type (Chequing/Savings), a note about personal lines of credit, a red warning about void cheques, and a consent checkbox.

REMITTANCE INFORMATION

Form fields for preferred payment method (E-MAIL ADDRESS or NO REMITTANCE ADVICE NECESSARY).

SIGNATURE APPROVAL

Form fields for SIGNATURE and DATE.

Please return completed direct deposit form to: Northern Ontario School of Medicine – Finance Unit, 955 Oliver Road, Balmoral Street Centre, Thunder Bay, ON P7B 5E1. Fax: (807) 766-7352 Email: accountspayable@nosm.ca

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