

AUTOMATIC DEPOSIT FORM

Please fill out this document and return to your Homestay Coordinator for:

Claremont: kbelusic@saanichschools.ca

Stelly's: kewer@saanichschools.ca

Parkland: ebertram@saanichschools.ca

This form is required to be able to automatically deposit your monthly reimbursement into your bank account.

Host families will be paid on the last Friday before month end for services for the following month or on the first of the month if it falls on a Friday.

Information Required for Automatic Deposit

Name: _____

Address: _____

Email Address for receipt of Notification:

1) PLEASE ATTACH A COPY OF A VOID CHEQUE

2) OR PRINTOUT FROM YOUR FINANCIAL INSTITUTION WITH THE FOLLOWING INFORMATION:

Financial Institution Branch Name, Branch Address, Account Name, Account Number (Transit #/Bank #/Account #)