



Macaulay Tree House Day Nursery

42 The Granite Bluff Bracebridge, ON P1L 1L4

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Email: admin.west@macaulaytreehouse.ca

Direct Deposit Agreement Form

AUTHORIZATION AGREEMENT

I hereby authorize Macaulay Tree House to initiate automatic deposits to my account at the financial institution named below. I also authorize Macaulay Tree House to make withdrawals from this account in the event a credit entry is made in error.

Further, I agree not to hold Macaulay Tree House responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Macaulay Tree House receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

ACCOUNT INFORMATION

Institution number (3 digits) _____

Transit Number (5 digits) _____

Account Number _____

Chequing | Savings

SIGNATURE

Name (please print): _____

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a void cheque or deposit slip and return this form. Thank you.