

# Sault Ste. Marie Academic Medical Association

## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize Sault Ste. Marie Academic Medical Association to initiate automatic deposits to my account at the financial institution named below. I also authorize Sault Ste. Marie Academic Medical Association to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Sault Ste. Marie Academic Medical Association 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 Sault Ste. Marie Academic Medical Association receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Association.

### Account Information

|  |  |  |
| --- | --- | --- |
| Name of Financial Institution: |  |  |
| Bank ID/Transit #: |  |  |
| Account Number: |  | Chequing |  Savings |

### Signature

|  |  |  |  |
| --- | --- | --- | --- |
| Authorized Signature (Primary): |  | Date: |  |

#### Please attach a voided cheque or deposit slip and return this form to Carrie Stewart, 750 Great Northern Road, Sault Ste. Marie, ON, P6B 0A8.