I·SPARC
Move | Play | Compete

Indigenous Sport, Physical Activity & Recreation Council

DIRECT DEPOSIT ENROLLMENT FORM

PART A - IDENTIFICATION

Select one option (mark X in box): ☐ NEW request ☐ CHANGE information ☐ CANCEL direct deposit

PAYEE NAME OR ORGANIZATION NAME			
STREET ADDRESS	CITY, TOWN	PROV	POSTAL CODE
TELEPHONE	EMAIL (EFT notifications will be sent by email)		

PART B - BANKING INFORMATION

Attach a voided cheque OR complete details below and obtain bank stamp to verify account details.

PLEASE TAPE VOID CHEQUE HERE

PLACE BANK STAMP HERE if no cheque is attached

NAME ON ACCOUNT (Must match PAYEE or ORGANIZATION NAME. Joint accounts must include both PAYEE names)			
BANK NAME			
BRANCH ADDRESS	CITY, TOWN	PROV	POSTAL CODE

TRANSIT NO.	INST. NO.	ACCOUNT NO.
#		

PART C - CERTIFICATION

I am the individual identified in Part A OR I am authorized to sign this form on behalf of the business identified in Part A. I authorize ISPARC to deposit payments directly into the account identified in Part B.

AUTHORIZED SIGNATURE	DATE

EMAIL FORM TO:

Email: payments@isparc.ca
Questions: 250.856.0857