



**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](mailto:payments@isparc.ca)  
Questions: 250.856.0857