



# CORPORATE DIRECT DEPOSIT INFORMATION

Internal Use Only

## COMPANY INFORMATION

COMPANY NAME \_\_\_\_\_ 15 DIGIT BUSINESS NUMBER \_\_\_\_\_

### ADDRESS 1

### ADDRESS 2

**NOTE:** If listing two addresses, please identify a default as all NOSM Communication will be sent to this address.

Default Address

Default Address

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

CITY \_\_\_\_\_

PROV \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PROV \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

Please indicate Address Type:

Please indicate Address Type:

Head Office  Branch/Site/Division Office

Head Office  Branch/Site/Division Office

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
PHONE

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
PHONE

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
FAX

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
FAX

## BANKING INFORMATION

**To ensure the accuracy of your account information a VOID CHEQUE (or Bank Verification Form) must be attached.**

## REMITTANCE INFORMATION

Please indicate preference for receiving your payment details: **(Please check one)**

E-MAIL ADDRESS: \_\_\_\_\_  
 NO REMITTANCE ADVICE NECESSARY

## SIGNATURE APPROVAL

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Please return completed direct deposit form to:**

**Northern Ontario School of Medicine – Finance Unit**  
955 Oliver Road, Balmoral Street Centre, Thunder Bay, ON P7B 5E1  
Fax: (807) 766-7352 Email: [accountspayable@nosm.ca](mailto:accountspayable@nosm.ca)

**Protection of Personal Information:** The Northern Ontario School of Medicine protects your privacy and your personal information. The personal information requested on this form is collected under the authority of the Letters Patent of the Northern Ontario School of Medicine dated November 15, 2002, and in accordance with the Freedom of Information and Protection of the Privacy Act. Personal information collected is used by the School for the purposes of executing various functions and activities related to Administration processes. Users of this information are the Finance Unit of the Office of the Associate Dean, Administration. Please direct any questions about this collection to the Director of Finance, Northern Ontario School of Medicine, 955 Oliver Road, Thunder Bay, Ontario, P7B 5E1, Telephone: (807) 766-7307.