



SUPPLIER #:

For administration use only

DIRECT DEPOSIT REQUEST FORM / STS OR ALLOCATIONS

Please complete this form (note you do not require to fill out every year unless you wish to make changes to any of the information). **Completed form is to be forwarded to the Transportation Department, transport@cqsbc.qc.ca**

PART 1 - TO BE COMPLETED BY THE APPLICANT

Person's full name:			SIN #.:	
Student's name(s):				
School:			Type of Pass:	
Permanent Address:				
Home Phone No.:	No. and Street	City	Postal code	
Email (mandatory):				

PART 2 – CHOOSE OPTION

Check only **ONE** box (X)

- A. ☐ Start Direct Deposit
- B. ☐ Change Direct Deposit Information
- C. ☐ Stop Direct Deposit

PART 3 – INFORMATION OF FINANCIAL INSTITUTION

Name of Financial Institution:			
Address:			
Phone No.:			
Branch No.:		Account No.:	
X _____		_____	
Signature		Date	

PART 4 – FOR PARENTS OF STUDENTS ELIGIBLE FOR REIMBURSEMENTS

In accordance with the fiscal administrative law, when a school board allots a payment to a person who owes money to Revenue Québec, the School Board must retain the amount and remit to Revenue Québec. Beginning with the 2013-2014 school year, we are obliged to ask you to supply us with your social insurance number. In order to proceed with the payment of the reimbursable portion of the costs incurred by you for your child's public transport, this information, in addition to your complete address proves to be essential. **** You will not receive your payment if you do not supply us with the necessary information. ****

PART 5

PLEASE ATTACH YOUR VOIDED CHEQUE HERE OR AS AN ATTACHMENT