



DIRECT DEPOSIT FORM

CLIENT IDENTIFICATION

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____

POSTALCODE: _____

RESPONSIBLE FOR ACCOUNTS RECEIVABLE: _____

E-MAIL FOR REMITTANCE: _____

BANK INFORMATION

BANK NAME: _____

ADDRESS: _____

BANK # (3 digits): _____

BANK TRANSIT #: _____

ACCOUNT #: _____

PLEASE ATTACH/INCLUDE A "VOID CHEQUE"

Please complete this form and return by e-mail at cintia@gobeyondcollect.com.

I authorize Go Beyond® Collection Agency Inc. to deposit the amounts due in the account indicated and on attached cheque.

Date

Print Name

Signature