

Lakehead

UNIVERSITY

DIRECT DEPOSIT INFORMATION FORM

VENDOR INFORMATION

Name _____ Title/Position _____

Address _____

City _____ Prov _____ Postal Code _____

Phone _____ Fax _____

If Applicable - Contact Name: _____ Title/Position: _____

Banking Information

To ensure the accuracy of our account information, you must attach a "VOID" Cheque or Bank Verification Form (from your banking institution).

Attach Cheque Here

REMITTANCE INFORMATION

- E-mail address: _____.
- No remittance advice necessary

Signature : _____ Date: _____

PLEASE MAIL COMPLETED FORM TO:

Lakehead University

Office of Financial Services

955 Oliver Road

Thunder Bay On P7B 5E1

ATTENTION: R.Kiessig, accountspay@lakeheadu.ca