

## **High Interest Savings Account (HISA) Direct Deposit Request**

Effective date

Province

Please complete the form below and include your B2B Bank HISA™ number.

Mail this form to each company or organization that	t will be making the pre-author	orized direct deposit for y	ou.
1. Client information			
Last name	First name		Initial
Address	City	Province	Postal code
B2B Bank HISA number    6   1   8   0   6   2   3   1			
2. Direct deposit details			
Deposit type (such as paycheques, investment dividends, income tax refund, etc.)		Effective date	
Company/Agency			
Company/Agency address	City	Province	Postal code
3. Authorization			
Please accept this authorization for the direct deposit de	tailed in Section 2 into my B2B E  Date (mm/dd/yyyy)	Bank High Interest Savings /	Account.
Client signature	Date (IIIII/dd/yyyy)		
High Interest Savings Account (HISA) Direct Deposit Request			
Last name	First name		Initial
Address	City	Province	Postal code
B2B Bank HISA <sup>™</sup> number    6			
2. Direct deposit details			

## 3. Authorization

Company/Agency address

Company/Agency

Please accept this authorization for the direct deposit detailed in Section 2 into my B2B Bank High Interest Savings Account.

City

Date (mm/dd/yyyy) Client signature

Deposit type (such as paycheques, investment dividends, income tax refund, etc.)

Postal code