



DIRECT DEPOSIT AUTHORIZATION

Protection of Privacy

The personal /corporate information requested on this form is collected for the sole purpose of providing direct payment to you in a timely cost effective manner. Please be assured that all banking information provided on this form will be kept in the strictest of confidence.

Use this form to start direct deposit or to change existing information already provided. Where possible please provide a void cheque for additional accuracy.

New Change Effective Date: _____

IDENTIFICATION

Name of Supplier:	
Mailing address:	City
Province:	Postal Code:
Email address to provide remittance details:	

BANKING INFORMATION

Bank Name:		
Branch Address:		
Branch # (5 digits)	Institution # (3 digits)	Bank Account #

CERTIFICATION

I, as the person or representative of the company entitled to receive the payments, authorize the Law Society of Prince Edward Island to electronically deposit payments into the above noted bank account until further notice.

Authorized Signature	Company Name (if applicable)	Telephone #	Date
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Please submit the completed form to the Law Society of Prince Edward Island.

Email: lawsociety@lspei.pe.ca Fax: 902-368-7557 Mail: P.O. Box 128, Charlottetown, PE C1A 7K2
In person: 119 Kent St. Suite 300., Charlottetown, PEI

(08-2023)