



EFT (CAD) Direct Deposit - Under 18

Completion of All Fields is Mandatory. Incomplete form will not be processed.

The information indicated on this form is confidential and will be used solely for the purpose of depositing your payments directly into your bank account. We will not release this information for any other purpose.

Part 1 - Authorized to Receive Payment

Last Name: _____ First Name: _____
(Legal name)

Social Insurance Number (T4A applicable): _____

Address: _____

City: _____ Postal Code: _____

Phone #: _____

Email address: _____

Signature: _____ Date: _____

Part 2 - Bank Information (Parent/Guardian)

Last Name: _____ First Name: _____
(Legal name of account holder)

Name of Bank: _____

Bank Address: _____

Bank Transit Number: _ _ _ _ _

Bank (Institution) Number: _ _ _

Account Number: _____

Signature: _____ Date: _____

Please attach a void cheque, or photocopy marked void, for the purpose of obtaining correct Name, Bank Code, Transit No. and Account Number.

Please email your EFT Form to our Finance Department at Finance@ontariosoccer.net



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