DEPARTMENTAL CIBC DIRECT DEPOSIT FORM

Check only one:

<table>
<thead>
<tr>
<th>Continuous Direct Deposit (Monthly – Quarterly – Annually)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Time Direct Deposit</td>
</tr>
<tr>
<td>Special Events Direct Deposit</td>
</tr>
</tbody>
</table>

Department Name:________________________________________________________
Department Address:______________________________________________________
Contact Name and Ext.:____________________________________________________
Dept. Acct. Number:______________________________________________________

Company/Vendor Name:____________________________________________________
Country where Funds Originated:__________________________________________

Date of Transaction: _______________ ☐ Dollar Amount $______________.____

  Canadian Funds

☐ Dollar Amount $______________.____

  U.S. Funds

Banking/Financial Institution Information:
Name of Financial Institution: Canadian Imperial Bank of Commerce (CIBC)
Swift Code: CIBCCATT (or) IBAN # CC001000562

Branch #: 00562
Institution #: 010
Branch: Westdale
Address: 1015 King Street W.
City: Hamilton, ON

Canadian Account #: 00-01007 OR U.S. Account #: 02-02010

Please Return To: Student Accounts & Cashiers
1280 Main Street W.
Gilmour Hall, Rm.209
Hamilton, ON L8S 4L8
Fax: (905) 527-3615