

DEPARTMENTAL CIBC DIRECT DEPOSIT FORM

Check only one:

<input type="checkbox"/>	Continuous Direct Deposit (Monthly – Quarterly – Annually)
<input type="checkbox"/>	One Time Direct Deposit
<input type="checkbox"/>	Special Events Direct Deposit

Department Name: _____
Department Address: _____
Contact Name and Ext.: _____
Dept. Acct. Number: _____

Company/Vendor Name: _____
Country where Funds Originated: _____
Date of Transaction: _____
<input type="checkbox"/> Dollar Amount \$ _____ Canadian Funds
<input type="checkbox"/> Dollar Amount \$ _____ U.S. Funds

Banking/Financial Institution Information:
Name of Financial Institution: <u>Canadian Imperial Bank of Commerce (CIBC)</u>
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