



Direct Deposit Release of Information for KWSL

PRIVACY NOTICE

The information collected in this release form will be used to deposit payments issued by the Kelowna Women’s Soccer League directly into the Payee’s bank account, for services and/or products provided. All information is collected with utmost confidentiality and will only be used to deposit payments. Information collected on this form will not be shared with any other group, organization, or third party except to facilitate the deposit(s).

Please check all that apply:

Referee: _____ Vendor: _____ Other (Please specify): _____

PERSONAL INFORMATION

Surname:		Given Name:	
Date of Birth dd/mm/yyyy	/ /	SIN: (*Optional)	
Mailing Address:			
City:		BC	Postal Code:

BANKING INFORMATION: (Please print clearly)

Institution Name:	
Branch No. (5 digits)	
Institution No. (3 digits)	
Account No.	
Full Name(s) of account holder(s)	

CONSENT

I, the under-signed, consent to the Kelowna Women’s Soccer League issuing payments, by direct deposit to this bank account.

I, the under-signed, have read the privacy notice above and consent to the collection, use, and disclosure of my personal information as outlined in the notice.

To ensure prompt payment(s), I will notify the Kelowna Women’s Soccer League of any changes to my banking information.

I, the under-signed, confirm that all information provided above is correct.

X _____
(Signature of Referee)

X _____



Direct Deposit Release of Information for KWSL

(Signature of Parent or Guardian if required for deposit)

Please also attach a void cheque or include a form from your bank for direct deposit.

Example:

Name / Nom P.O. Box / C.P. 000 City / Ville, Canada H0H 0H0	Cheque No. N° de chèque	000000
Pay to the order of Payez à l'ordre de		\$
	VOID	Dollars
	Signature	
"000"	"00000"000	000000"0

Transit No. ↑ ↑ Financial Institution ↑ Account No.