

direct deposit notification

DATE _____ TO _____

Please accept this notification to re-direct the following deposit(s) to the account identified below effective:

START DATE _____

- Pay cheque
- Government payments
- Dividend payments
- Other payments

EMPLOYEE NUMBER _____

SOCIAL INSURANCE NUMBER _____

SHAREHOLDER CERTIFICATE NUMBER _____

INDICATE TYPE OF PAYMENT AND NUMBER ABOVE _____

Thank you,

CLIENT SIGNATURE _____

Prod. 1093800 - Form 3361 (10/02)

Copy the required information or attach a "VOID" Cheque.

Your Name: _____

Address: _____

_____ VOID _____ \$ _____

(if applicable)

BMO  **Bank of Montreal**

Your Branch address: _____

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0	0	1
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Transit Number

Institution Number

Account Number

9	1	0	5	2
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0	0	1
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Line of Credit Account Number