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 Bankers Hall West Tower
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 Calgary, AB T2P 5C5
 Phone: 1-403-541-0990
 Toll Free: 1-877-516-INTI (4684)
 FAX: 1-877-316-INTI (4684)

Direct Deposit Form

Date:	Associate Name:
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PLEASE ATTACH YOUR VOID CHEQUE HERE

Name of Bank	Date: _____ 20__						
Branch Domicile							
Pay to the Order of _____	\$ _____						
	Dollars						
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25%;">Transit Branch</td> <td style="width: 25%;">Bank</td> <td style="width: 50%;">Account No.</td> </tr> <tr> <td style="font-size: small;">:00000 - 000</td> <td style="font-size: small;">000-000-0:</td> <td></td> </tr> </table>	Transit Branch	Bank	Account No.	:00000 - 000	000-000-0:		
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:00000 - 000	000-000-0:						

<p style="text-align: center; margin-bottom: 10px;">Branch Transit Number</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>							<p style="text-align: center; margin-bottom: 10px;">Bank Number</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				<p style="text-align: center; margin-bottom: 10px;">Account Number</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>												
<p>Bank Name: _____</p> <p>Branch Address: _____</p> <p>City Province: _____</p>																							

I hereby authorize The IntiSolutions Group to credit payment, due to me to my account, which I certify is my account, is in my name, and under my direction and control. I make this authorization to the financial institution above designated, I understand that if the information provided is incorrect or illegible, I will not receive payment until the correct information is provided to The IntiSolutions Group.

(If a blank cheque is not provided, we require a document approved in writing from your banking institution confirming this information, or alternatively their stamp / approval that this information is correct.

In completing this form, you are acknowledging all information to be accurate and correct to the best of your knowledge.

Associate Signature:	
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