

**PARENT DIRECT ELECTRONIC FUNDS TRANSFER**

**Application for School District #64 (Gulf Islands)**

Mr.  Mrs.  Ms.  Miss

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Mailing address

\_\_\_\_\_

\_\_\_\_\_  
Email address (for payment advice)

\_\_\_\_\_  
Telephone number

**Your payment will be directly deposited to your bank as indicated on the VOID cheque below.**

\_\_\_\_\_  
Effective date (*day, month, year*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
**A VOID CHEQUE MUST BE ATTACHED. Handwritten information will not be accepted.**