



DIRECT DEPOSIT APPLICATION FORM

I, _____, hereby authorize Miles Employment Group Ltd.
(PRINT NAME)

to make deposits to my chequing account as noted below:

**Please note that if your banking information changes, it is your responsibility to inform us at least one week prior to the change occurring.*

SIGNATURE

DATE

ATTACH VOID CHEQUE HERE

If you do not have a VOID cheque, please have your financial institution fill in the information below:

FINANCIAL INSTITUTION NAME: _____

FINANCIAL INSTITUTION ADDRESS: _____

INSTITUTION NUMBER: _____

BRANCH NUMBER: _____

ACCOUNT NUMBER: _____

FINANCIAL INSTITUTION STAMP: