



Helping Kids with  
Physical Disabilities  
Succeed

## Incontinence Supplies Grant Program Direct Deposit OPTION

### SECTION 7

Please complete the banking information below, should you wish to receive this grant as a direct deposit

Account Holder's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Main #: (\_\_\_\_) \_\_\_\_\_ Alternative # (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's Health Card #: \_\_\_\_\_ Version Code: \_\_\_\_\_

Please attach a blank cheque marked "void" or a direct deposit form from your bank.

**ATTACH A VOID CHEQUE HERE**

If unable to attach a void cheque or direct deposit form, please complete the following information:

Transit # (5 digits): \_\_\_\_\_ Bank Branch # (3 digits): \_\_\_\_\_ Account #: \_\_\_\_\_

Please enter all of the numbers printed on the bottom of your cheque: \_\_\_\_\_

*(Please note: incorrect information could result in your cheque being deposited into a wrong account)*

### AUTHORIZATION

I hereby authorize the above depositor to deposit to the account indicated above. This authorization will be in force until notice in writing is given to stop the direct deposit.

Parent/Legal Guardian – print name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Parent/Legal Guardian signature: \_\_\_\_\_ Date: month \_\_\_\_ / day \_\_\_\_ / year \_\_\_\_

Complete and send by:

**Mail:** Easter Seals Ontario, I.G. Program  
One Concorde Gate, Suite 700  
Toronto, ON M3C 3N6

**Fax:** 416-696-1035 *send attention I.G. Program*

**E-mail:** [igprogram@easterseals.org](mailto:igprogram@easterseals.org)

**Questions:** 416-421-8778 ext. 314