

Pre-Approved Deposit Information

Date: _____
PEI PNP File Number: _____
Applicant Name: _____
Full Mailing Address: _____

Phone Number: _____
E-mail Address: _____
This e-mail will receive notifications of EFT from IIDI

Client Banking Information

Please attach a void cheque for the account indicated below

Account Holder Name: _____
Bank Name: _____
Branch Address: _____

The execution of this form authorizes IIDI (the "Company") to send credit entries electronically to the account (the "Account") indicated above. This form authorizes the financial institution holding the Account to post all such entries. This authorization will be in effect until IIDI receives a written termination notice from the account holder and has a reasonable opportunity to act on it.

The undersigned account holder(s) certify the information provided is correct.

Authorization Signature: _____
Print Name: _____

Please complete this form, scan and return electronically to IIDI via the secure link that our Office provided to you.

IIDI USE ONLY

Entered:
Contact Email: