

Direct Deposit Request Form													
Complete this form if you wish to:													
* Have your payments deposited directly in you OR		an financial insti	ution;										
* Change the direct deposit information you ha	ave already provided.												
For any change request, please send this form By mail:	n, once completed, by one of	the following me	ethods and	to the att	ention o	of:							
Chief – Operational Accounts Section Réseau de transport métropolitain (RTM)													
700, De La Gauchetière Street West , 26th floo Montréal (Québec) H3B 5M2	or												
By email: comptesapayer@rtm.quebec													
By fax: 514-285-5296													
Part A – Information													
Name of the company, organization or individual Québec Enter						(NEQ)						1	1
Part B- Direct Deposit Routing Information													
Tick the appropriate box:	Enrolment Change												
	Branch No.	Institution No						Bank /	Accoun	t No.			
You wish to receive the payment confirmation	Email												
by:			Email A	ddress									
	Fax												
			Fax Nu	mber									
Part C - Certification													
By signing this form, you certify that you are a transport métropolitain to deposit payments int							d comp	lete. Y	′ou aut	horize	the F	Résea	u de
First name (in block letters)	Last name (in block letter	rs)			Title								
Signature	Date			F	hone n	umber (o	contact	perso	n)				
	Y	ear / month / da	у									-	
The RTM will not process this form unless it is date it as signed. Any form received after such		<i>i</i> idual authorized	d by the co	ompany. Ti	ne RTN	must re	ceive tl	his fori	m withi	n a mo	onth o	f the	

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