## Alfi Moris Beshay, MD, MSc, FRCP(C) Internal Medicine & Cardiovascular Disease

	Direct Deposit Enrollment Form	
Employee Name		<del>_</del>
Employee ID		_
Department		_
		_
Bank Name and Address		
INST.#	BRANCH #	ACCOUNT #
Please attach voided cheque below.		
Signature authorization to use direct	deposit system to make direct payments into	the above listed account.
Signature of payee	Date	