REGISTRATION & DIRECT DEPOSIT FORM

# GET MATCHED!
# SCHOOL RECYCLING PROGRAM

School principals are required to complete and submit to MMSB the following Registration and Direct Deposit Form if there is a change in the school principal and/or school banking account information has changed. Please download and fill form. School principals must be the contact for all program communication and payments.

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| **MAILING ADDRESS** | | | | | |
| Street | | | | P.O. Box | |
| City or Town | | Province | | Postal Code | |
| **CONTACT INFORMATION** | | | | | |
| Principal's Name | | | | | |
| Email | | | | | |
| Telephone | | | | Fax | |
| Vice-Principal's Name | | | | | |
| Email | | | | | |
| Telephone | | | | Fax | |
| **BANKING INFORMATION** | | | | | |
| ☐No Change Required<br>☐Change Required **(Please complete Bank Account Information section below and submit void cheque to MMSB)** | | | | | |
| **BANK ACCOUNT INFORMATION** | | | | | |
| Financial Institution: | | | | | |
| Street | | | | P.O. Box | |
| City or Town | | Province | | Postal Code | |
| Bank Institution ID No. | | Bank Transit No. | | Account No. | |
| Name of Signing Authority | | | | | |
| Title of Signing Authority | | | | | |

## WHERE TO SUBMIT

Completed forms can be submitted in hardcopy or electronic format to the following addresses:

MMSB
P.O.Box 8131, Station A
St. John's, NL A1B 3M9

Fax: 709-753-0974
Email: remittances@mmsb.nl.ca

By completing the form below, you are verifying that all information is accurate.

Completed by: _____ Title: _____

Signature: _____ Date: _____