



**SOLICITOR'S TRUST ACCOUNT AND DIRECT DEPOSIT INFORMATION FORM**

1. Law Firm Name: \_\_\_\_\_

2. Solicitor Name: \_\_\_\_\_

3. Law Firm's Financial Institution Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

4. Trust Account Information: CAD\$ Account

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Bank Code

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Transit Number

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Account Number

5. Remittance Information: Law Firm Contact Name: \_\_\_\_\_

Title / Position: \_\_\_\_\_

E-mail address (to send payment details to):

\_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Signature: \_\_\_\_\_

Solicitor Name:

Date: \_\_\_\_\_

(DD / MM / YYYY)