



Independent Contractor Information Form

First Name: _____

Last Name: _____

Does this information match your Refcentre account?: _____

If no, what is your Refcentre account name?: _____

Street Address: _____

City: _____

Postal Code: _____

Telephone #: _____

Email Address: _____

Birthday: Month: _____ Day: _____ Year: _____

Social Insurance Number: _____ (mandatory)

Bank Name: _____

Bank Branch Address: _____

Signature: _____

Date: _____

Please attach a copy of a void cheque, or direct deposit form from your bank