**Service Fee IDB Authorization Form**

Enter Date

The Ethics ID number for this project is Click or tap here to enter text.

I, Click or tap here to enter text., authorize the transfer of Choose an item(CAD) from my University of Calgary Trust account, to the University of Calgary Research Services Office account, 10-80510 for the Conjoint Health Research Ethics Board Service Fee.

**Project Number**: Click or tap here to enter text.

**Fund**: Click or tap here to enter text.

**Dept ID**: Click or tap here to enter text.

**PC Bus Unit**: Click or tap here to enter text.

**Activity Code**: Click or tap here to enter text.

Please initiate this transfer as soon as possible.

Thank you.

Click or tap here to enter text.

Signature of account holder

Click or tap here to enter text.

Name of account holder

Click or tap here to enter text.

Name and phone number of person to contact with any questions