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| INSTRUCTIONS |
| This form is used to obtain the Payee's banking information and authorization for Direct Deposits when the Payor is a business member. The Payee is instructed to:  1. Complete and sign the form.  2. Provide the form and a voided cheque to the Payor.  3. Notify the Payor of any changes to the account information. |

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| BUSINESS MEMBER DETAILS (PAYOR) |
| Company Name |
| Company Address |

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| PAYEE INFORMATION | | |
| Name | | |
| Address | | |
| Phone No. | Email | Payroll/Employee No. *(if applicable)* |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PAYEE BANKING INFORMATION | | | | | | | | | | | | | | | | | | | | |
| Financial Institution Name | | | | | | | | | | | | | | | | | | | | |
| Branch Address | | | | | | | | | | | | | | | | | | | | |
| Account Name | | | | | | | | | | | | | | | | | | | | |
| Institution No. | | | | Branch No. | | | | | Account No. | | | | | | | | | | | |
| 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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❑ Voided cheque attached

I consent to the collection, use, and disclosure of my personal information given herein for the purpose of setting up the Direct Deposit. I hereby authorize the above-named Payor to process Direct Deposits to the account specified in the Payee Banking Information section.

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| x |  |  |
| Payee’s Signature |  | Date |