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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)* |

|  |
| --- |
| PAYEE BANKING INFORMATION |
| Financial Institution Name |
| Branch Address |
| Account Name |
| Institution No. | Branch No. | Account No. |
| 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |

❑ 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 |