

Direct Deposit Enrolment Form

To ensure the accuracy of your account information and to authorize Access Copyright to begin making direct deposit payments to your bank account of choice, please attach a void cheque to this form and complete the following information:

Personal Information:

Name: _____

Organization (if applicable): _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone Number: _____

Email Address: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Account Information:

The following numbers appear in order at the bottom of your cheque. Please ensure you only provide information for a Canadian dollar account at Canadian Institutions.

_____	_____	_____
Transit Number <i>(usually 5 digits)</i>	Bank Number <i>(usually 4 digits)</i>	Account Number <i>(usually 7-12 digits)</i>

Name: _____ Title: _____

Signature: _____ Date: _____

Please send your completed form and void cheque to Access Copyright:

By mail at 69 Yonge Street, Suite 1100, Toronto, ON M5E 1K3 or by scan and email at affiliates@accesscopyright.ca.

Please make a copy of this form for your records.