AUTHORIZATION FORM for Direct Deposit of Your PRS Cheques

To take advantage of direct deposit, please identify your existing financial institution in the spaces below

FINANCIAL INSTITUTION	
Name of Financial Institution:	*
Address of Financial Institution:	*
	*
ACCOUNT INFORMATION	
(Complete one only, see reverse for examples) CAN \$ Account: Transit Number Financial Institution Account Number	
USD \$ Account: In USA ABA Routing Number Account Number	
RECIPIENT INFORMATION	
Name /Corporate Name: Note - Tax slip will be issued in corp. name if deposits go to corporation account	
ACTRA Member ID/Performer ID:	
Phone: * E-mail: *	
Address:*	
*	
** Signature Date	

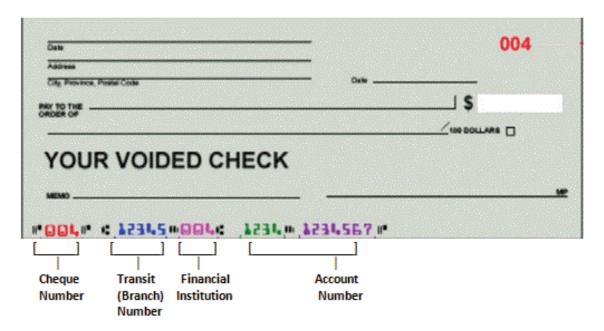
* Required Information

Please fax, mail, or email the completed Authorization Form from your designated account fax (416)-489-1040
e-mail prs@actra.ca

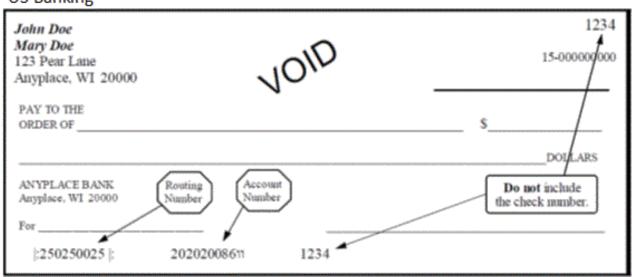
mail: 625 Church Street, Suite 300, Toronto, ON M4Y 2G1

Information collected by ACTRA PRS on this Form is only shared with ACTRA and ACTRA Fraternal Benefit Society, and is handled in accordance with the Privacy Policy posted at http://www.actra.ca/main/privacy/, a printed copy of which is available upon written request sent to: ACTRA, 625 Church Street, Suite 300, Toronto, ON, M4Y 2G1 Attn: National Director of Finance and Administration.

Canadian Banking



US Banking



Note - The routing and account numbers may be in different places on your cheque.