

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

004

Date _____

Address _____

City, Province, Postal Code _____

Date _____

PAY TO THE ORDER OF _____ \$ _____

100 DOLLARS ☐

YOUR VOIDED CHECK

MEMO _____

MP

⑈ 004 ⑈ ⑆ 12345 ⑈ 004 ⑆ 1234 ⑈ 1234567 ⑈

Cheque Number

Transit (Branch) Number

Financial Institution

Account Number

US Banking

John Doe
Mary Doe
 123 Pear Lane
 Anyplace, WI 20000

VOID

PAY TO THE
 ORDER OF _____ \$ _____

_____ DOLLARS

ANYPLACE BANK
 Anyplace, WI 20000

For _____

Routing Number: 250250025
 Account Number: 202008611

1234

Do not include the check number.

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