

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 Account
 Institution

USD \$ Account:

in Canada Transit Number Financial Account
 Institution

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: _____ * Fax: _____

E-mail: _____ *

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***

Canadian Banking

Date _____

Address _____

City, Province, Postal Code _____ Date _____

PAY TO THE ORDER OF _____ \$ _____

100 DOLLARS

YOUR VOIDED CHECK

MEMO _____

||* 004 ||* 12345 ||* 004 ||* 1234 ||* 1234567 ||*

004	12345	004	1234
Cheque Number	Transit (Branch) Number	Financial Institution	Account Number

US Banking

John Doe
Mary Doe
123 Pear Lane
Anyplace, WI 20000

VOID

1234

15-000000000

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

ANYPLACE BANK
Anyplace, WI 20000

For _____

@250250025 @ 20202008611 1234

Routing Number

Account Number

Do not include the check number.

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