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 INSTI	TUTION
Name of Finan	cial Institution:*
Address of Fina	ancial Institution:*
ACCOUNT INFOR	MATION (Complete one only, see reverse for examples)
CAN \$ Account:	Transit Number Financial Institution Account Number
USD \$ Account: in Canada	Transit Number Financial Institution Account Number
USD \$ Account: in USA	ABA Routing Number Account Number
RECIPIENT INFOR	
Note	- Tax slip will be issued in corp. name if deposits go to corporation account
ACTRA Membe	er ID/Performer ID:
Phone:	* E-mail: *
Address:	*
	**
Required Information	Signature Date
	Please fax, mail, or email the completed Authorization Form from your designated account fax (416)-489-1040 e-mail <u>prs@actra.ca</u> mail: 625 Church Street, Suite 300, Toronto, ON M4Y 2G1

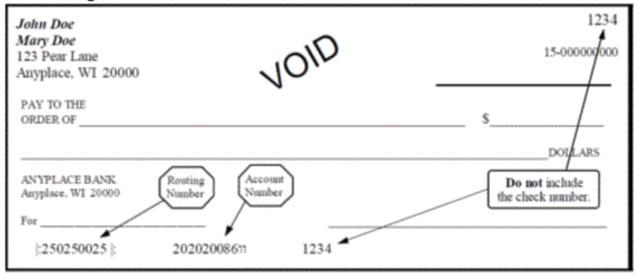
Information collected by ACTRA PRS on this Form is only shared with ACTRA and ACTRA Fraternal Benefit Society, and is handled in accordance with the Privacy Policy posted at http://www.actra.ca/main/privacy/, a printed copy of which is available upon written request sent to: ACTRA, 625 Church Street,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

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Canadian Banking

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ORDER OF				
MEMO	« 12345.»(90 4: 1 23	14,0,1234567,0	
		1 1	1	
] Cheque Number		Financial	Account Number	

US Banking



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