



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 (usually 5 digits)	Bank Number (usually 4 digits)	Account Number (usually 7-12 digits)

Name: _____ Title: _____

Signature: _____ Date: _____

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

By mail at 56 Wellesley Street West, 3rd Floor, Toronto, ON, M5S 2S3 or by scan and email at affiliates@accesscopyright.ca.

Please make a copy of this form for your records.