



## ACTRA TORONTO

### DIRECT DEPOSIT AUTHORIZATION FORM

Your Name \_\_\_\_\_  
ACTRA ID Number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Prov \_\_\_\_\_ Postal \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
(EFT advice remittance of all payments will be emailed to this address)

This authorization will remain in effect until the ACTRA Member provides notice in writing to cancel this agreement. It is the responsibility of the ACTRA Member to notify ACTRA Toronto in writing should their banking details change. It might take up to 5 business days to process the request.

Financial Institution Name \_\_\_\_\_  
Financial Institution Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank Number (three digits) \_\_\_\_\_  
Transit Number (five digits) \_\_\_\_\_  
Account Number \_\_\_\_\_

#### Authorization:

I authorize the electronic funds transfer listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**A void cheque or Direct Deposit Authorization Form from your Financial Institution MUST accompany a completed Form. An incomplete form will not be processed for payment.**

Please return these documents to [accountspayable@actratoronto.com](mailto:accountspayable@actratoronto.com) or by mail to  
Peter Baker c/o ACTRA Toronto, 625 Church Street, 2nd Floor, Toronto, ON M4Y 2G1.