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Direct Deposit Enrolment Form for Publisher Affiliates

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:

Organization Information:

Organization: _____

Authorized Contact: _____

Title: *(must be signee below)* _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

Email Address: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

_____

Account Information:

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 digits)*

Name: _____ Title: _____

Signature: _____ Date: _____

Please send your completed form and void cheque to Access Copyright by mail to:
320 – 56 Wellesley Street West, Toronto, Ontario M5S 2S3, Attention: Accounting.

Please make a copy of this form for your records.