

**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.

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Transit Number  
*(usually 5 digits)*

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Bank Number  
*(usually 4 digits)*

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Account Number  
*(usually 7 digits)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send your completed form and void cheque to Access Copyright by mail to:**  
69 Yonge Street, Suite 1100, Toronto, Ontario M5E 1K3, Attention: Accounting.

Please make a copy of this form for your records.