

AUTHORIZATION TO DEPOSIT FUNDS

| | |
|----------------|--|
| Name | |
| Address | |
| Phone | |
| Email | |

BANK DEPOSIT INFORMATION

(Please attach Void Cheque or similar for verification purposes)

| | |
|---------------------------------|--|
| Bank Name: | |
| Branch Location/Address: | |
| Accountholder Name | |
| Bank Number: | |
| Transit Number: | |
| Account Number: | |
| Authorization: | |
| Authorization Signature: | |
| <input type="checkbox"/> | I AGREE that PEA may use the information on this form for future payments. |
| <input type="checkbox"/> | I DO NOT agree to storage of the information on this form for future payments, |
| Date: | |

Please complete the form and forward it via email to mjoly@pea.org

