

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 email it to jbond@pea.org

