

music licensing ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Canadian Dollars to Canadian Bank Account

This form is used to authorize Connect Music Licensing to deposit payments to your bank account.

Member Information:			
Member Name:			
Address:			
Contact Name			
Contact Name:			
Title:			
Phone:			
Fax:			
E-mail address:			
Bank Information:			
Bank Name:			
Bank # (3 digits)			
Transit # (5 digits)			
Bank Account Number:			
Name of Bank Account	:		
Authorized by:			
Required Documents:			
VOID cheque (cEFT Authorizati	original or scanned) on Form		
Send To: Connect Music 1235 Bay Stre Toronto, ON M	et, Suite 900	or	E-Mail: membership@connectmusic.ca
Signature:Name			Title
Date:			
(I have the outbority to air	an this decument and h	rovido th	is information on bobalf of the corneration)

(I have the authority to sign this document and provide this information on behalf of the corporation)

^{*} Note: Payment information will be sent to the email address provided.