

Direct Deposit Authorization Form

The collection of this information is consistent with and necessary to the carrying out of Ontario Creates' mandate, functions and responsibilities under *Ontario Regulation 672/00*. The information collected in this form will be used solely for the purpose of direct deposit registration for payments into your bank account, and providing payment notifications by email. Questions about the collection and use of this information may be sent to accountspayable@ontariocreates.ca.

Choose one:

This is the first-time this payee has provided banking information to Ontario Creates.

By means of this form, I am advising Ontario Creates to amend the banking information on file for this payee.

Payee Information

Legal name: _____

Address: _____ Phone: (____) _____

City: _____ Province: _____ Postal Code: _____

Authorization

I hereby authorize Ontario Creates to collect and to disclose to its financial institution the information provided on this form and to deposit payments to the bank account indicated below until notice in writing is provided to change the information or to cancel direct deposit payments.

Signature of authorized

individual: _____

Date: _____

Title: _____

Payee Banking Information

To ensure the accuracy of account information, ***you must attach a void cheque*** or an authorized bank form indicating your account information, and complete the following financial information:

Name of Bank/Financial Institution: _____

Address of Bank/Financial Institution: _____

Account Information:

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Bank Code

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Transit Number

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Account Number

Email address for direct deposit remittance advice: _____

Contact name and information

Contact name: _____

Title/Position: _____

Phone: (____) _____

E-mail: _____

Please complete and sign this form, attach a void cheque and mail to:

Accounts Payable, Ontario Creates, 175 Bloor St. E., South Tower, Suite 501, Toronto, ON M4W 3R8

Questions? Please read our [FAQs]