

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 <u>accountspayable@ontariocreates.ca</u>.

<u>Choose one</u> : 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:
•	nd to disclose to its financial institution the information is to the bank account indicated below until notice in writing incel direct deposit payments.
individual:	Date:
bank form indicating your account information	, <u>you must attach a void cheque</u> or an authorized , and complete the following financial information:
Address of Bank/Financial Institution:	
Account Information: Bank Code Transit Number	
Email address for direct deposit remittance ad	vice:
Contact name and information	
Contact name:	Title/Position:
Phone: ()	E-mail:
Please complete and sign this form, attach a void ch	eque and mail to:

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