



PAYEE INFORMATION	
Name:	Phone Number:
Mailing Address:	
Email Address: (optional)	

FINANCIAL INSTITUTION INFORMATION	
Bank Name:	Account Holder's Full Name:
Transit Number: (5 digits)	Bank Number: (3 digits)
Account Number: (up to 12 digits)	
<b>Attach</b> a cheque marked "VOID" or the direct deposit information provided by your bank verifying the account holder's name and bank details.	

AUTHORIZATION	
<b>If submitting form by Email:</b>	
I understand that email is not a secure means of communication. I consent to sending and receiving communications including banking information by email.	
I agree that the Canadian Cancer Society will not be liable for any breaches of privacy, whether caused by myself, or a third party. <input type="checkbox"/> <b>Yes</b>	
I understand that if I am not comfortable with email, all communication will by mail or fax instead.	
I authorize the Canadian Cancer Society to initiate ACH credit deposit to the above designated bank account identified on this form.	
Signature:	Date:

*The Canadian Cancer Society will transmit your payment electronically and provide an electronic payment stub based on the information provided. It is important that any changes to your contact or banking information be communicated to the Society to ensure prompt and accurate payment.*