

Direct Deposit Information Form

Organization: _____

Contact email: _____

Contact name: _____

Bank Details

Institution Number (3 digits): _____

Transit Number (5 digits): _____

Account Number: _____

Account Currency: CAD

Account Nickname (facultative): _____ *Example: Chequing Account*

Contact Information

Phone number: _____

Street Address: _____

Unit Number: _____

City: _____

Province: _____

Postal Code: _____

Country: Canada

I have reviewed the information above and confirm that I am requesting that Canadian Museums Association process all payments to the above noted account.

Name: _____

Position: _____

Date: _____