



ELECTRONIC FUNDS TRANSFER FORM TO CAD ACCOUNT

This form authorizes Connect Music Licensing to deposit payments to your bank account.

Member Information:

Member Name: _____
Address: _____

Contact Name: _____
Title: _____
Phone: _____
Fax: _____
E-mail address: _____

Bank Information:

Bank Name: _____
Bank Address: _____

Beneficiary Name: _____
Beneficiary Account #: _____
Bank # (3 digits): _____
Transit # (5 digits): _____

Send completed form including a void cheque to:

Send To: Connect Music Licensing
1235 Bay Street, Suite 900 or E-Mail: reporting@connectmusic.ca
Toronto, ON M5R 3K4

Signature: _____
Name Title

Date: _____

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