



CLIENT PROFILE

BANKING INFORMATION

Please email this form to info@fnfa.ca

Member Information

Effective Date: _____

Organization Legal Name: _____

Contact Person: _____

Contact Email: _____

New Banking Information

Bank Name: _____

Bank Street Address: _____

Bank Mailing Address: _____
provide if bank address and mailing address are different

Bank Transit Number: _____ Institution Number: _____

Account Number: _____

VOID Cheque

Please provide a clear copy of a void cheque.

Signed

The undersigned **MUST** be authorized by the Chief Financial Officer and one other authorized signer.

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____