



CLIENT PROFILE

BANKING INFORMATION

Please email this form to jbyra@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: _____