



CANADIAN MUSICAL REPRODUCTION RIGHTS AGENCY LTD.
AGENCE CANADIENNE DES DROITS DE REPRODUCTION MUSICAUX LTÉE

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM A.2

PAYEE INFORMATION

Name of Publisher Payee (CMRRA Account):

NEW UPDATE

Name Registered on Bank Account:

Street Address (P.O. Boxes are not acceptable):

Email Address*:

City: Province/State: Telephone Number:

Country: Postal/Zip Code:

*Please note that a valid email address is required to register for electronic funds transfer and statement notifications.

BANKING INFORMATION

Name of Financial Institution:

NEW UPDATE

Street Address of Financial Institution:

City: Province/State:

Country: Postal/Zip Code:

ACCOUNT INFORMATION

Currency Type (Select one only): \$ CAD in Canada \$ USD in Canada \$ USD in U.S.A.**

Account Number (Required for all accounts):

FOR ACCOUNTS IN CANADA ONLY: **FOR ACCOUNTS IN U.S.A. ONLY:

Bank Code/Inst. No.: ABA Routing No.:

Transit/Branch No.: Account Type: Savings Credit (PDC) or Demand Credit (DCC)

** Savings Credit is typically a savings/term account and Demand Credit is typically an operating/chequing account.

AUTHORIZATION

By signing this document, you are authorizing payments made to Payee by CMRRA to be sent to the above account via electronic funds transfer.

Print Name: Title:

Signature: _____ Date: _____

IMPORTANT: You must include a void cheque and/or direct deposit form from your financial institution with this application.