



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:

Email Address*:

Street Address (P.O. Boxes are not acceptable as per [NACHA](#) rules):

City:

Province/State (Abbr.):

Telephone Number:

Country:

Postal/Zip Code:

Fax Number:

*The information provided below about your organization's financial institution will be used by CMRRA to make electronic funds transfer payments of royalties. 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: (P.O. Boxes are not acceptable)

City:

Province/State (Abbr.):

Telephone Number:

Country:

Postal/Zip Code:

Fax Number:

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 typically represents a personal account whereas Demand Credit represents a business 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.