

# CMRRA

## Canadian Musical Reproduction Rights Agency Limited

Phone: (416) 926-1966

Fax: (416) 926-7521

Web Site: [www.cmrra.ca](http://www.cmrra.ca)

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

The information provided below about your organization's financial institution will be used by CMRRA to make electronic funds transfer payments of your royalties. PLEASE PRINT CLEARLY. ALL FIELDS ARE REQUIRED TO BE FILLED IN TO COMPLETE ELECTRONIC FUNDS TRANSFER SETUP. **YOU MUST ALSO ATTACH A VOIDED CHEQUE COPY TO CONFIRM THE ACCOUNT INFORMATION.**

#### PAYEE INFORMATION

Name of Publisher Payee (CMRRA Account):		Telephone Number:
Name Registered on Bank Account:		Fax Number:
Address: (P.O. Boxes are not acceptable)		Email address:
City:	Province/State:	Postal/Zip Code:

#### FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution:		Telephone Number:
Address:		
City:	Province/State:	Postal/Zip Code:

#### ACCOUNT INFORMATION

Select one only:

CAD \$ Account in Canada       USD \$ Account in Canada

              

Bank Code/Inst. No      Transit/Branch Number      Account Number

USD \$ Account in USA

    

ABA Routing Number

Account Number

Account Type (USA Only):       DCC = Demand Credit       PDC = Savings Credit

*Note: Demand Credit typically represents a business account while Savings Credit represents a personal account.*

**AUTHORIZING SIGNATURE:** 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: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_