



Direct Deposit Authorization

To have Product Care Association directly deposited to your Company's Bank or other Financial Institution, please complete the authorization and details below and return to Belinda Young. You may fax the form to Belinda at (604) 592-2982 or send via email to belinda@productcare.org.

Company Name

Address

City

Postal Code

Contact Name (please print)

Signature

Date

Email

Phone:

Business Number (BN):

Details of account to which payments are to be deposited

Bank or Financial Institution Name

Address of Branch

City

Postal Code

Account No.:

Transit No. (5 digits)

Bank Number (3 digits)

To ensure accuracy it is recommended you attach a sample / copy of your Companies cheque marked "VOID"