



# Group Financial Information Request form

Please fill out the below information and return the completed form along with the Group's void cheque (which can also be scanned) to [vendorcontrol@scouts.ca](mailto:vendorcontrol@scouts.ca).

## GROUP INFORMATION

Group Name: \_\_\_\_\_ Council: \_\_\_\_\_

**Please provide the contact information for the person who manages the Group's bank account.**

Group Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

## BANK INFORMATION FOR DIRECT DEPOSIT

Name of Account Holder (As it appears on the bank statement/cheques): \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Transit #: \_\_\_\_\_ Institution #: \_\_\_\_\_ Account #: \_\_\_\_\_

**Please provide a copy of a void cheque or a copy of your bank account information printed out directly from your online banking with this form.**

X

\_\_\_\_\_  
Signature of Signing Officer No. 1

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

X

\_\_\_\_\_  
Signature of Signing Officer No. 2

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

X

\_\_\_\_\_  
Signature of Signing Officer No. 3 (If applicable)

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

**As per our current policy, it is mandatory that this form is signed by two signing authorities.**