



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.

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.