



# Group Financial Information/Direct Deposit Authorization 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 bankstatement/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.

**Scouts Canada requires the account to have 2 signing authorities on all transactions. The signing officers for this Group are:**

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**SIGNING AUTHORITY 1: SCOUTER FULL LEGAL NAME – SCOUTING TITLE**

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**SIGNING AUTHORITY 2: SCOUTER FULL LEGAL NAME – SCOUTING TITLE**

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**SIGNING AUTHORITY 3: SCOUTER FULL LEGAL NAME – SCOUTING TITLE**

**We encourage all groups to have only one account to facilitate the management and tracking of funds.**