



Ridge Meadows Minor Baseball Association
 Direct Deposit Authorization Form
 January 2018

Send to treasurer@rmmba.ca

PLEASE PRINT CLEARLY

CONTACT DETAILS

LAST NAME	FIRST NAME	INITIALS
EMAIL ADDRESS		

MAILING ADDRESS

STREET		CITY
PROVINCE BRITISH COLUMBIA	POSTAL CODE	TELEPHONE

Attach a personalized cheque with **“VOID”** written on the front **OR** have your financial institution complete this section.



BANK OR FINANCIAL INSTITUTION

JOINT ACCOUNT? YES NO

NAME OF PERSON(S)/COMPANY ON ACCOUNT		
BANK OR FINANCIAL INSTITUTION		
STREET		CITY
PROVINCE	POSTAL CODE	TELEPHONE
BANK NUMBER	TRANSIT NUMBER	ACCOUNT NUMBER

Bank or Financial Institution Verification (Required only if no VOID cheque is attached) Signature and Bank Domicile Stamp Confirming Accuracy of Transit and Account Number and Authenticity of Signature	DATE SIGNED (YYYY MM DD)
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