

The information indicated on this form is confidential and will be used solely for the purpose of depositing your payment directly into your bank account. We will not release this information for any other purposes. If you have any questions or concerns, please contact Volunteer Alberta directly.

**Completion of ALL fields is mandatory. Incomplete forms will not be processed.**
**INSTRUCTIONS:**

- Volunteer Alberta (VA) requires you to submit a valid VOID cheque. If any information has changed (e.g. name of organization, banking institution etc. please make sure those are reflected or you will not receive your payment)
- Funds will only be deposited into ONE bank account.
- Funds can only be deposited in the name of the person or company who CURRENTLY receives the cheques from VA.
- Please return the signed form to VA for processing.

**Part 1: Party Authorized to Receive Payment**

See sample cheque below to complete the following information.

Vendor Number (if known)

Last Name (Individual) Trade Name & Legally Incorporated Name (Company)			First Name (Individuals)	Middle Name
Address			City/Town	
Province	Postal Code	Telephone Number (Include area code)		

Email address is required for electronic delivery of remittance advice \_\_\_\_\_

I authorize Volunteer Alberta to make all payments due to me by electronic deposit to the below account. Payment shall continue until I advise you of any change.

\_\_\_\_\_ Dated \_\_\_\_\_ Signed \_\_\_\_\_

**Part 2: Bank Information**

Name of Bank		Bank Address	
Account Type (please check one)	Bank transit/Branch Number	Bank Number	Account Number
<input type="checkbox"/> Checking <input type="checkbox"/> Savings			

ACCOUNT HOLDER NAME  
STREET ADDRESS  
CITY, PROVINCE POSTAL CODE

001

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ **VOID** \_\_\_\_\_ \$ \_\_\_\_\_

100 DOLLARS

BANK NAME  
BANK STREET ADDRESS  
BANK CITY, PROVINCE POSTAL CODE

⑈001⑈ ⑆05550⑆ ⑈004⑈ ⑆27864182178⑈  
Cheque No. Branch No. Institution No. Bank Account No.