



Direct Deposit Authorization for Electronic Funds Transfer (EFT)

Use this form to (check only one)

Start direct deposit payments

Change information previously submitted

Contact Information

Name of company or person to receive payment: _____

Street address: _____

Contact person: _____ Phone: _____

Title or position: _____

Confirmation of Deposits

Your statement of account from your bank will show payments from Screen Nova Scotia.

Bank Account Information for Deposits

Please attach a blank cheque with your bank information on it. Write "void" across the front.

Type of account: Chequing Savings

OR

For accounts without cheques, have your bank complete the following:

Type of account: Chequing Savings

Name of bank or other financial institution: _____

Address of branch where account is held: _____

Transit No.: _____ Institution No.: _____ Account No.: _____

Teller Stamp: 

Authorize Electronic Funds Payments

I authorize the Content Creator Fund to deposit, by electronic fund transfer, payments owed to me by Screen Nova Scotia. The Content Creator Fund will deposit the payments in the banking account designated above. I recognize that if I give incomplete or inaccurate information on this form, payments may be made to the wrong account.

Authorized signature: _____

Printed Name: _____

Title: _____

Date: _____

Return completed form and voided cheque to

Content Creator Fund Manager by e-mail at morgan@screennovascotia.com (preferred method)

Or send documents by mail to:

The Content Creator Fund, c/o Screen Nova Scotia

1869 Upper Water St, #403, Halifax, NS B3J 1S9

Attention: Fund Manager