



### 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](mailto: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