



APPLICATION FOR DIRECT DEPOSIT

The information indicated on this form is confidential and will be used solely for the purpose of depositing your payments directly into your bank account. We will not release this information for any other purpose.

If you have any questions please contact us at programming@fringetheatre.ca.

GENERAL INFORMATION

Account Holder First Name

Account Holder Last Name

Street Address

City, Province, Postal Code

Telephone Number

Email Address

BANK INFORMATION

This section is not required if you have submitted a VOIDED cheque.

Name of Bank

Street Address

City, Province, Postal Code

3 Digit Bank Number

5 Digit Transit Number

Account Number

Signature of Account Holder

Date