

CAMI ASSEMBLY EMPLOYEE FITNESS ASSOCIATION

DIRECT DEPOSIT FORM

I hereby authorize the CAMI Assembly Employee Fitness Association to directly debit payments related to my membership from the account indicated below.

PERSONAL INFORMATION

Name:	_____				
Employee Number:	_____				
Address:	_____				
City:	_____	Province:	_____	Postal Code	_____

FINANCIAL INSTITUTION INFORMATION

Name:	_____				
Branch:	_____				
Address:	_____				
City:	_____	Province:	_____	Postal Code:	_____
Transit Number:	_____				
Account Number:	_____				
<i>Membership dues will be withdrawn quarterly starting on the 1st day of the month of full enrollment.</i>					

Please attach a void cheque if necessary.

This authorization will remain in effect until revoked in writing according to the Association by-laws.

Name

Signature

Date