CMF FMC

Direct Deposit Application and Authorization Form

TYPE OF APPLICATION

- ☐ New request for direct deposit (please attach cheque pre-printed with applicant's name and address and marked "void")
- ☐ Modification to a request (if modification concerns banking information, please attach new pre-printed cheque with applicant's name and address and marked "void")
- ☐ Cancel direct deposit payment and revert to cheques

IDENTIFICATION

	(complete if applicable)
Name / Corporate Name of applicant	Name / Corporate name of co-applicant
Address	Address
City	City
Province / Postal Code	Province / Postal Code
Tel. Area Code ( ) - / Fax Area Code ( ) -	Tel. Area Code ( ) - / Fax Area Code ( ) -
Name and position of applicant's duly authorized representative (in block letters)	Name and position of co-applicant's duly authorized representative (in block letters)

Application no. of project funded by the CMF ("Project"):

BANKING INFORMATION

Name of institution

Name of branch or branch address

x x x			
Cheque No.	Transit No.	Institution No.	Account No.

*** Please attach a cheque pre-printed with applicant's name and address and marked "void".**

AUTHORIZATION

By signing below, the undersigned:

- authorize(s) Telefilm Canada and the CMF to deposit any Project-related payments due by the CMF directly into the abovementioned account and to transmit notice of payment to the applicant(s) electronically via the eTelefilm® portal (if the applicant(s) is(are) registered with this portal), or by regular mail if the applicant(s) is(are) not registered with this portal. All applicants will also receive a notice via e-mail that the transaction has been processed.
- acknowledge(s) having read the conditions for direct deposit listed hereinafter, agree(s) to be bound by such conditions.
- acknowledge(s) that any amount credited by Telefilm Canada and the CMF to the abovementioned account by means of direct deposit constitutes a payment under this authorization.
- agree(s) to promptly notify Telefilm Canada and the CMF of any changes to the banking information herein provided by filling in a new Direct Deposit Application and Authorization Form to modify the present request.

Signature of applicant's authorized representative _____ Date _____

Signature of co-applicant's authorized representative *(if applicable)* _____ Date _____

Conditions for direct deposit

Applicant(s) must have a bank account (Canadian dollars) with a financial institution located in Canada.

An application for direct deposit that is not submitted electronically via the eTelefilm® portal must be submitted to a Telefilm Canada office by regular mail or be delivered by hand to the closest Telefilm Canada office. No e-mail or fax will be accepted. Only originals will be accepted.

360 St. Jacques St., Suite 600 Montréal QC H2Y 1P5	1717 Barrington St., 4th Fl. Halifax NS B3J 2A4	474 Bathurst St., Suite 100 Toronto ON M5T 2S6	609 Granville St., Suite 410 Vancouver BC V7Y 1G5

Direct deposit applications concerning projects that involve more than one applicant must be authorized by all applicants.

The CMF reserves the right to suspend or cancel payment by direct deposit at any time without notice.

Telefilm Canada and the CMF shall have no liability for any delay, inconvenience, expense or other loss arising as a result of incomplete or incorrect information provided by the applicant and/or the co-applicant.

Please note that the e-mail address currently available in the file will be used for direct deposit notification.