

ARTS CLUB THEATRE DIRECT DEPOSIT AUTHORIZATION FORM

TO: ACCOUNTING
SUBJECT: DIRECT DEPOSIT
DATE: _____

I authorize The Arts Club of Vancouver Theatre Society to directly deposit my weekly earnings into my bank account, as per the attached void cheque or direct deposit info from my bank. I understand that I may cancel the direct deposit service by providing written notice 2 weeks before the cancellation date.

Employee Name

Employee Email Address

Employee Signature