



DIRECT DEPOSIT AGREEMENT FORM WITH THE TOWN OF PARRY SOUND

Authorization Agreement

I hereby authorize the Town of Parry Sound to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold the Town of Parry Sound responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the Town of Parry Sound receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Town of Parry Sound.

Contact Information

Rosemary Reid

Contact Name: _____

Contact E-Mail: rosemary@rosemaryreid.com

Account Information

Name of Financial Institution: TD Canada Trust

Routing Number: _____

Account Number: Void Cheque Attached

Signature

Authorized Signature (Primary):  Date: 17/07/23

Authorized Signature (Joint): _____ Date: _____

Please attach a voided cheque and return this form to the Town of Parry Sound by one of the following methods:

1. Via e-mail at accountspayable@townofparrysound.com;
2. Via fax at (705) 746-7461; or
3. Mail at 52 Seguin St, Parry Sound, ON P2A 1B4