

IBEW LOCAL 353 TRUST FUNDS PRE-AUTHORIZED DEBIT APPLICATION FORM

1. Company Information (please print clearly in ink)

Company Name		
Unit No.	Address	
City	Province	Postal Code
Phone Number	Fax Number	E-Mail Address

2. Financial Institution

Name of Institution		
Bank Number	Transit Number	Account Number

*Please attach VOID cheque

3. Authorized Signature(s)

Last Name	First Name
Phone Number	E-Mail Address

Signature _____ Date _____

Last Name	First Name
Phone Number	E-Mail Address

Signature _____ Date _____

*Please refer to the New Employer Package for the Terms and Conditions