



I authorize ONA- Ontario Nurses Association Local 081 to deposit payments directly into the attached account. I understand I may change or terminate this authorization by giving ONA 10 business days notice in a form acceptable to them.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Financial Institution (FI): \_\_\_\_\_

FI account #: \_\_\_\_\_

FI Branch & Transit: \_\_\_\_\_

( 3 digit institution, 5 digital Branch)

Authorized Signature: \_\_\_\_\_

Title (If applicable): \_\_\_\_\_

Date Authorized: \_\_\_\_\_