



Electronic Funds Transfer

Banking Information

Members Name: _____

Members Local: _____

Members Address: _____

Member's **Personal** Email: _____

Bank & Location: _____

Institution #: _____

Transit #: _____

Account #: _____

Minimum 7 digits

Authorization

I, _____ authorize the Union of Northern Workers to deposit funds into this account for the purpose of payment for services.

Finance department Only

Date Entered: _____

Approved by: _____

Please email completed forms to fin@unw.ca or fax to 867-920-4448