

BANK ENROLLMENT & UPDATE FORM

(FOR BANK USE ONLY)

Special Olympics
Ontario



ACCOUNT NO. / S.R.F. N. 777-954-405

RBC LOCAL BRANCHES ARE NOT
AUTHORIZED TO PROCESS THIS FORM.
PLEASE READ INSTRUCTIONS ON PAGE 2.

- Special Olympics Ontario

NAME OF ACCOUNT (PLEASE PRINT NAME OF DISTRICT OR COMMUNITY OR CLUB ABOVE)

TRANSIT 06702

ACCOUNT NUMBER:

- | | | |
|--|---|--|
| <input type="checkbox"/> OPEN A NEW ACCOUNT | <input type="checkbox"/> GENERAL | <input type="checkbox"/> TRUST |
| <input type="checkbox"/> CHANGE EXISTING INFORMATION | <input type="checkbox"/> ADDRESS CHANGE | <input type="checkbox"/> CHANGE SIGNING OFFICERS |

THIS IS A NON-PRIMARY ACCOUNT		BANK STATEMENT MAILING ADDRESS
DISTRICT OR COMMUNITY OR CLUB NAME		
ATTENTION OF (FULL NAME)		COMMUNITY OR CLUB REGISTRATION #
STREET #	STREET NAME	APT / UNIT #
P.O. BOX	CITY	
POSTAL CODE	TELEPHONE	

AUTHORIZED SIGNING OFFICERS — ANY TWO TO SIGN
SIGNING OFFICERS MUST BE REGISTERED VOLUNTEERS OF SPECIAL OLYMPICS ONTARIO (SOO) AND MUST HAVE SUBMITTED A POLICE BACKGROUND CHECK TO SOO.

SIGNING OFFICER #1		<input type="checkbox"/> TREASURER <input type="checkbox"/> OTHER <input style="width: 100px; height: 20px;" type="text"/>
FIRST & LAST NAME		VOLUNTEER REGISTRATION #
STREET #	STREET NAME	APT / UNIT #
P.O. BOX	CITY	
POSTAL CODE	TELEPHONE	
EMAIL		



SIGNING OFFICER #2		<input type="checkbox"/> TREASURER	<input type="checkbox"/> OTHER	
FIRST & LAST NAME		VOLUNTEER REGISTRATION #		
STREET #	STREET NAME	APT / UNIT #		
P.O. BOX		CITY		
POSTAL CODE		TELEPHONE		
EMAIL				

SIGNING OFFICER #3		<input type="checkbox"/> TREASURER	<input type="checkbox"/> OTHER	
FIRST & LAST NAME		VOLUNTEER REGISTRATION #		
STREET #	STREET NAME	APT / UNIT #		
P.O. BOX		CITY		
POSTAL CODE		TELEPHONE		
EMAIL				

SIGNING OFFICER #4		<input type="checkbox"/> TREASURER	<input type="checkbox"/> OTHER	
FIRST & LAST NAME		VOLUNTEER REGISTRATION #		
STREET #	STREET NAME	APT / UNIT #		
P.O. BOX		CITY		
POSTAL CODE		TELEPHONE		
EMAIL				

INSTRUCTIONS:

COMPLETE BANK ENROLLMENT & UPDATE FORM WITH SIGNATURE CARD AND SEND ALL 3 PAGES TO:

SPECIAL OLYMPICS ONTARIO
65 OVERLEA BLVD. SUITE 200
TORONTO, ON M4H 1P1

THIS FORM WILL BE PROCESS THROUGH RBC COMMERCIAL SERVICES DDA TEAM AT TRANSIT 07512

OFFICE USE	RECEIVED AT SOO	SENT TO RBC	BY

SIGNATURE CARD

(FOR BANK USE ONLY)

Special Olympics
Ontario



Account No./S.R.F. N. 777-954-405

- Special Olympics Ontario

NAME OF ACCOUNT (PLEASE PRINT DISTRICT OR COMMUNITY OR CLUB NAME ABOVE)

SUNDRY INFORMATION

INSTRUCTIONS RE SIGNING OF CHEQUES

ANY 2 TO SIGN

NAME & TITLE	SIGNATURE

BRANCH

DATE _____
MONTH/DATE/YEAR

(FOR BANK USE ONLY)

INITIALS Prepared By
