

Canadian Parents for French New Brunswick

Banking Information

Year: _____

Chapter Name: _____

Bank Information:

Bank Name:	
Bank Address:	
Bank Address 2:	
Bank Phone Number:	
Bank Branch Contact Person:	
Account Number:	
Account Type:	

Signing Officers:

Name				
Address				
City	Province	Postal Code	Membership Number	Expiration Date
Home Phone		Work Phone	Fax	
Email				

Name				
Address				
City	Province	Postal Code	Membership Number	Expiration Date
Home Phone		Work Phone	Fax	
Email				

Name				
Address				
City	Province	Postal Code	Membership Number	Expiration Date
Home Phone		Work Phone	Fax	
Email				

Contact Person: _____

This is the person to whom rebate cheques will be sent, he/she must be a signing officer.

Please send this form to CPF NB Branch at P.O. Box 4462, Sussex, NB E4E 5L6 or Fax: 432-6751