



Date completed			
Name of person who completed this form			
Area Name		District Name	
Contact Name/Phone Number/Email address for this bank account			
Name		Phone Number	
Email address			
Account name as it appears on bank statement			
This account belongs to (name of area/district/ unit/trefoil guild/camp)			
Financial Institution Name			
Address of the branch			
Branch Transit Number			
Is there a secondary description that is not officially part of the name of the account? For example "Girl Guides of Canada – ABC Area Council (Camp XYZ)". If so, please write the description here			
Account Number			
Address for where bank statements are sent and delivered			
Does this account have chequing privileges? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please staple void cheque			
Do you use any electronic banking for this account? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please indicate the following):			
# of bank cards issued:			
# of names which appear on the bank cards:			
Bank card # (if more than one, please identify which number belongs to which card)			
Functionality of the bank cards – please confirm that issued bank cards are used for deposits only: Deposits only: <input type="checkbox"/>			
Signing officers for this account: Note: Number of signing officers for this account must be a minimum of three, as well as one of the parent council commissioner/treasurer must be an additional signatory.			

Please return this completed form and, if needed, a void cheque, to your District/Area Treasurer.
 Completed forms to be sent to: **Girl Guides of Canada, BC Council - Attention: Finance Department**
1476 West 8th Avenue, Vancouver, BC V6H 1E1