



Ontario 5 Pin Bowlers' Association

2015-2016 Banking/Insurance Registration Form

Zone/DC Association: _____

***We confirm that no two signing officers of one family or residence
will sign any documents for the association together.***

President's signature: _____

Treasurer's signature: _____

Please neatly print or type the information requested below. Note: A hard copy must be filed with the Provincial Office with original signatures to comply with insurance guidelines)

Account Name: _____

Account Number: _____ Bank Transit & Routing _____

Name of Bank: _____ Manager's Name: _____

Branch Street Address: _____

City: _____ Postal Code: _____ Telephone: _____

Signing Officers: _____

Account Name: _____

Account Number: _____ Bank Transit & Routing _____

Name of Bank: _____ Manager's Name: _____

Branch Street Address: _____

City: _____ Postal Code: _____ Telephone: _____

Signing Officers: _____

Please neatly print or type the information requested

Account Name: _____

Account Number: _____ Bank Transit & Routing _____

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City: _____ Postal Code: _____ Telephone: _____

Signing Officers: _____

Account Name: _____

Account Number: _____ Bank Transit & Routing _____

Name of Bank: _____ Manager's Name: _____

Branch Street Address: _____

City: _____ Postal Code: _____ Telephone: _____

Signing Officers: _____

Incentive Point Deadline

50 Points: Will be awarded if received on or before **Friday, October 9, 2015**

NOTE: A loss of voting privileges will result if the Banking/Insurance Registration Form is not received by **November 8, 2015.**