

Name: Brand Partner ID GST Number: Provincial GST % Street Address: Phone:		
TO: Name: Street Address: Phone:		
MONTH	PAID MONTHLY COMMISSION	
	TOTAL	
Direct Deposit A	Authorization	
Complete this sect a VOID cheque.	ion for direct payments to either your chequing or savings account OR	attach
Transit Number:		
Institution Numbe	r:	
Account Number:		