

Complete this sheet to provide The One Investment Program with details related to your Financial Institution Account (bank, credit union, caisse populaire, etc.)

Participant:

NAME OF TREASURER: _____

NAME OF MUNICIPALITY: _____

ADDRESS OF MUNICIPALITY: _____

PHONE NUMBER: () _____

FAX NUMBER: () _____

E-MAIL: _____

Financial Institution (i.e. bank, trust company, credit union, caisse populaire):

NAME: _____

BRANCH ADDRESS: _____

Please attach MICR encoded cheque marked VOID or provide the following:

ACCOUNT NUMBER: _____

5 digit TRANSIT NUMBER: _____

3 digit INSTITUTION NUMBER: _____

Investment Accounts Required for this Financial Institution Account:

Please indicate which accounts you wish to set up or change. Monies for these accounts will flow through the financial institution indicated above. For each "account" you may assign any/all portfolio types.

	UNIQUE ACCOUNT NAME (15 characters max.)	PORTFOLIO TYPE	INVESTMENT ACCOUNT CODE (Assigned by ONE)
1.		<input type="checkbox"/> Money Market <input type="checkbox"/> Bond <input type="checkbox"/> UCB <input type="checkbox"/> Equity	
2.		<input type="checkbox"/> Money Market <input type="checkbox"/> Bond <input type="checkbox"/> UCB <input type="checkbox"/> Equity	
3.		<input type="checkbox"/> Money Market <input type="checkbox"/> Bond <input type="checkbox"/> UCB <input type="checkbox"/> Equity	
4.		<input type="checkbox"/> Money Market <input type="checkbox"/> Bond <input type="checkbox"/> UCB <input type="checkbox"/> Equity	
5.		<input type="checkbox"/> Money Market <input type="checkbox"/> Bond <input type="checkbox"/> UCB <input type="checkbox"/> Equity	
6.		<input type="checkbox"/> Money Market <input type="checkbox"/> Bond <input type="checkbox"/> UCB <input type="checkbox"/> Equity	

Dated this _____ day of _____, 20_____

Signature of the Treasurer

Second Signature (if Required)