



High Interest Savings Account Investor Account Information Sheet

Complete this sheet to provide The One Investment Program with details related to your organization and 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: _____

I understand that LAS and CHUMS, as agent for The One Investment Program, will set up a bank account with the contracted Schedule 1 bank in trust for my organization, to provide my organization access to the High-Interest Savings Account option.

Dated this _____ day of _____, 20_____

Signature of the Treasurer

Second Signature (if Required)