



HOSPITAL EMPLOYEES' UNION

DIRECT DEPOSIT BANKING INFORMATION FOR REBATES

DATE: _____

LOCAL NAME: _____

SECRETARY-TREASURER'S NAME: _____

CHAIRPERSON'S NAME: _____

NAME & POSITION OF THREE (3) SIGNING OFFICERS: (Please print)

	Name	Local Position
1.	_____	_____
2.	_____	_____
3.	_____	_____

ATTACH COPY OF LOCAL'S VOID CHEQUE
(If not previously submitted)

Signature of Chairperson

Signature of Secretary-Treasurer