



# High Interest Savings Account Investor Account Information Sheet

Complete this sheet to provide ONE Investment 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 ONE Investment, 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)