

# CHARITABLE ORGANIZATION CASINO BANK ACCOUNT DECLARATION

The Alberta Gaming and Liquor Commission (AGLC) is responsible for the distribution of casino pooling proceeds to charities. This takes place in the form of an Electronic Funds Transfer (EFT) into the organization's casino bank account after the end of the pooling period.

In order to accommodate this procedure, and to ensure deposit of pooling revenue into the organization's casino bank account, each organization **must** provide accurate casino bank account information by completing this form and attaching an **original pre-printed, unaltered, VOID cheque** for the casino bank account. **PLEASE DO NOT SIGN CHEQUE.**

Please complete this form for every event your organization works, or anytime your organization's banking information changes.

Organization Name: \_\_\_\_\_ AGLC I.D. #: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Casino Name: \_\_\_\_\_

Casino Event Date: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Branch Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

TRANSIT NUMBER	INSTITUTION CODE	ACCOUNT NUMBER

**\*\*\*VOID CHEQUE MUST BE ATTACHED HERE\*\*\***  
**(DO NOT GLUE)**

Alberta Gaming and Liquor Commission  
**Attention: Licensing Support**  
50 Corriveau Avenue  
St. Albert, Alberta T8N 3T5

The undersigned charity declares that the information provided correctly describes the organization's casino bank account information.

\_\_\_\_\_  
President **OR** Treasurer (print name)  
*circle appropriate title*

\_\_\_\_\_  
Signature of President **OR** Treasurer

\_\_\_\_\_  
Date