

CHARITABLE ORGANIZATION CASINO BANK ACCOUNT DECLARATION

Please complete this form and attach a voided cheque or a letter from the bank verifying the account information and submit with your casino licence application to the AGLC Office noted below. The bank account you are providing will be used to deposit the proceeds raised through your scheduled casino event.

Charity Name: _____ AGLC I.D. #: _____

Charity Address: _____

Casino Name: _____

Casino Event Date: _____

Bank Name: _____

Branch Name: _____

Branch Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: () Fax Number: ()

INSTITUTION CODE	TRANSIT NUMBER	ACCOUNT NUMBER

*****VOID CHEQUE REQUIRED*****

Alberta Gaming and Liquor Commission
Attention: Licensing Support
 50 Corriveau Avenue
 St. Albert, Alberta T8N 3T5
 Fax: (780) 447-8912 (if faxing, the original form and original voided cheque must be sent to the AGLC Office)

If your charity's banking information changes from the above, please complete and resubmit this form with a new voided cheque to the AGLC Office at the above address.

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

Name of Signatory (PRINT)

Title of Signatory

Signature

Date