



COPE Local 225 reimbursement via e-transfer form

This form is to acknowledge that I would like COPE Local 225 to reimburse my expenses via e-transfer going forward unless otherwise indicated when filing my expenses. *Note you have to ensure you can receive e-transfers via your financial institution.

Please provide the following information to ensure you receive your funds:

Name: _____

Email: _____

Mobile Phone Number: _____

Security Question: _____

*Please contact the COPE 225 Treasurer to provide the answer to your security question

Signature

Date