



Stratford Minor Baseball Association

2020 Reimbursement Form

Parent Name

(first and last)

Player 1

(first and last)

Player 2

(first and last)

Player 3

(first and last)

Player 4

(first and last)

Address:

City:

Postal Code:

Telephone:

Email:

Reimbursement Method:

Direct Deposit (fill in below)

Cheque by Mail

(Select One)

Transit or Branch Number

(5 digits)

Institution Number

(3 digits)

Account Number

(max 12 digits)

TRANSIT NO. Bank No.

ACCOUNT NO.