



**Request for Electronic Fund Transfers (EFT)
for payments**

Company Name: _____

Remittance Address:

Street: _____ **Suite:** _____

City: _____ **Province:** _____ **Postal Code:** _____

Name of Payment Contact Please print: _____

Telephone Number: _____

**Name and title of
authorized company representative:** _____

Telephone Number: _____

Signature of authorized company representative

Date

Banking Information

(Note: Your account must be EDI compliant. Please consult your financial institution.)

Name of Financial Institution _____

Street: _____ **Suite:** _____

City: _____ **Province:** _____ **Postal Code:** _____

Financial Institution Number (3 digits): _____

Branch Transit Number (5 digits): _____

Bank Account Number: _____