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: _____

E-Mail Address: _____

Name of Authorized Company Representative: _____

Title of Authorized Company Representative: _____

Telephone Number: _____

_____ _____

Signature of Authorized Company Representative **Date**

Banking Information

Name of Financial Institution: _____

Street: _____ **Suite:** _____

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

Financial Institution Number (3 digits): _____

Branch Transit Number (5 digits): _____

Bank Account Number: _____

* Please attach a void Cheque