

## EFT Authorization Form

Company Name:	
Address:	
Contact Name:	
Contact Phone Number:	
Remittance Email Address:	

Name of Financial Institution:	
Address:	
Transit Number:	
Institution Number:	
Account Number:	

Authorized Signature(s):

Print Name/Title:

\_\_\_\_\_  
  
\_\_\_\_\_

\_\_\_\_\_  
  
\_\_\_\_\_

Date: \_\_\_\_\_

**Please attach a void cheque.**