

Electronic Funds Transfer (EFT) Authorization Agreement



Transaction Type

New Set Up Cancellation Change of Information

Request Date

 dd- mmm-yy

Vendor Information

Vendor Name: _____

Alternate Name: _____

Street Address/PO Box

City/Town

Prov.

PC

Phone No.

Contact Name: _____ Phone No.: _____

Remittance Email Address: _____

The Remittance email detailing the invoice number, invoice amount paid, date of the payment and the total dollar values of the payment will be send to the remittance email address specified above.

Banking Information

Please attach a void cheque

Name / Nom
P.O. Box / C.P. 000
City / Ville, Canada H0H 0H0

Cheque No.
N° de chèque 000000

Pay to the order of
Payez à l'ordre de

"Void" \$ _____
"«Nul»" Dollars

Signature _____

"000" "00000"000 000000"0

Transit No. Bank No. Account No.
N° de la succursale N° de l'institution financière N° du compte

Scan and email the completed form and voided cheque to:

accountspayable@pilotbutte.ca

Or mail the completed form to:

Accounts Payable
Town of Pilot Butte
PO Box 253, 222 Diamond Place
Pilot Butte SK S0G 3Z0
For inquiries call 306-781-3406

Bank Name: _____

Bank Address: _____

Street Address/PO Box

City/Town

Prov.

PC

Phone No.

Transit No. _____ Institution No. _____ Account No. _____

Please use this form to notify us immediately if you banking information has changed.

Authorization

I (we) hereby authorize The Town of Pilot Butte to direct payments electronically to the bank account specified here. We acknowledge that the origination of the EFT transactions to our account must comply with the provisions of Canadian Law. This authorization agreement is effective as of the effective date above and is to remain in full force and effect until The Town of Pilot Butte has received notification of its termination. We agree to submit an updated EFT Authorization Agreement Form to the Town of Pilot Butte for the cancellation of this agreement or to make any changes to the information provided within this agreement.

Authorized Signature: _____

Printed Name: _____

Title _____ Phone No.: _____

The individually identifiable and financial information on this form collected by the Town of Pilot Butte is used for the purpose of payment of vendor invoices only and will not be disclosed to anyone other than the claimant or the claimant's legal representative.