|  |  |  |
| --- | --- | --- |
|  |  | |
| **ELECTRONIC FUNDS TRANSFER AUTHORIZATION** | |
|  | | |
| Type of Authorization |  | |
| New Banking/E-mail information | Change Banking/E-mail | |
| Company Name | Street Address | |
|  |  | |
| City | Province | Postal Code |
|  |  |  |
| Phone | Business/GST No. | |
|  |  | |
| E-mail | | |
|  | | |
|  | | |
| Name of Financial Institution | Branch No. | |
|  |  | |
| Institution No. | Account No. | |
|  |
|  | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Account Type: | Chequing |  | Savings |  | Other: | |  | | (Specify type of Account) |
| **Company Use Only** | | | | | | | | | |
| ID Supplier |  | | | | | | | | |
|  | | | | | | | | | |
| **I/We authorize Trans Canada Trail to make all payments by direct deposit into the above account (I/We have attached a void cheque/bank letter).**  **I have the authority to provide the above information on behalf of the corporation/organization/payee** | | | | | | | | | |
|  | | | | | |  | | | |
| Signature | | | | | |  | | Date (dd-mm-yy) | |
|  | | | | | |  | |  | |
| Please print Name | | | | | |  | | Please print Job Title | |