|  |  |
| --- | --- |
|  |  |
| **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  |