



ELECTRONIC FUNDS TRANSFER PAYMENT AUTHORIZATION for Canada

ID# (internal use only): _____

All Items **MUST** be completed by Vendor

COMPANY INFORMATION

COMPANY NAME & ADDRESS (must match W8-BEN form)

Company Remit-To Address If Different than Company Main Address

COMPANY GST/HST/QST TAX ID # (must match W8-BEN): _____

COMPANY PRIMARY CONTACT PERSON & PHONE #: _____

E-MAIL ADDRESS FOR PAYMENT REMITTANCE: _____

EFT/ACH (DIRECT DEPOSIT) - COMPANY BANK INFORMATION

BANK TRANSIT ROUTING NUMBER: _____

Enter bank routing number associated with Electronic Funds Transfer/ACH payments, **NOT** wire transfers.

PAYEE BANK ACCOUNT NUMBER: _____

PAYEE BANK NAME & ADDRESS:

BANK ACCOUNT TYPE (please mark with X one of the boxes below)

Checking Account

Savings Account

Other

This AUTHORIZATION is executed on behalf of PAYEE, effective as of the date entered below, by:

★ SIGNATURE

★ TITLE

★ PRINTED NAME

★ DATE