

Electronic Funds Transfer

How to use this form: By completing this form you are agreeing to accept payments by electronic funds transfer. Please attach a void cheque or a direct deposit form from your bank.

Client information

Payment recipient or company name

Address (street, unit number, etc.)

Country

Province

City

Postal code

Head office address (if applicable and different from above)

Country

Province

City

Postal code

Name of financial contact (if applicable)

Telephone number

Please provide an email address for payment confirmation

Banking information

Your account must be EFT compliant. Please consult your financial institution.

Name of financial institution

Financial institution address (street, unit number, etc.)

Country

Province

City

Postal code

Transit number

Institution number

Account number

Void cheque attached