

Electronic Funds Transfer (EFT) Authorization Agreement

Corporation of the Town of Kearney
8 Main St, P.O.Box 38
Kearney, Ontario, P0A 1M0



CONFIDENTIAL WHEN COMPLETED

Attach one of the following with this application:

- A cheque marked **"VOID"**
- An original account information form from your banking institution

The depositing bank account must be in Canadian funds.

Supplier Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
Supplier Name (Required Field)	GST/HST Registration No.	Vendor No. (if known)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Remittance Street Address	City	Province
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Postal Code	Phone Number
<input type="text"/>		
Email Address for EFT Payment Notification (Only one address may be used for notification)		

Bank Information (Attach a void cheque or bank provided information)

<input type="text"/>	<input type="text"/>
Beneficiary Name on the Bank Account	Bank Name
<input type="text"/>	<input type="text"/>
Bank Street Address	City
<input type="text"/>	<input type="text"/>
	Province
<input type="text"/>	<input type="text"/>
	Postal Code
<input type="text"/>	<input type="text"/>
	Phone Number

Deposit Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
Transit Number	Institution Number	Account Number

I (we) hereby authorize The Corporation of the Town of Kearney to direct payments electronically to the bank account specified here until further written notice by our organization. This EFT Authorization Agreement shall remain in effect until receipt of written cancellation from your organization.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed Name	Title	Date
<input type="text"/>		
Authorized Signature		<input type="button" value="PRINT"/>

Email all documents to: leslie.harvie@townofkearney.ca
In the subject include the words EFT along with your company name.