



## Electronic Funds Transfer (EFT) Application Form

Vendor Information	
Vendor Name:	
Vendor Mailing Address:	
Vendor E-mail Address:	
Vendor Phone Number:	

Financial Institution Information- <b>Complete and Include</b> a VOID Cheque *	
Name of Financial Institution:	
Address of Financial Institution:	
Branch/Transit Number:	
Bank Number	
Account Number	

EFT Remittance Information will be sent **by** email payment from **ECACS**

### Vendor's Authorization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**NOTE:** **\*INCLUDE - VOID CHEQUE\***  
Please return completed application form via email to shirley.johnston@ecacs16.ab.ca or by mail to Accounts Payable of East Central Alberta Catholic Schools at 1018-1st Avenue Wainwright, AB T9W 1G9.

**\*\*ENSURE VOID CHEQUE IS ATTACHED\*\***