

Direct Deposit Authorization for Electronic Funds Transfer (EFT)

Select what would you like to do Start direct deposit Change direct deposit information Stop direct deposit	
Provide your contact information	
Name of Company :	Effiective date (dd/mm/yyyy):
Address:	
Business phone (xxx-xxx-xxxx):	
Email address: (for Electronic Funds Transfer (EFT) payment information)	
Give your banking information	
Note: This section is not required if you are stopping direct depo	sit.
OPTION 1 Please attach a voided blank cheque with your bank information on it. Write void across the front.	OPTION 2 If you do not have a blank cheque, have your bank complete the following. Name of bank:
Name Address City, Canada H0H 0H0	Branch address:
City, Canada H0H 0H0 Pay to the order of	
Dollars	Transit No.: Institution No.:
Signature Signature	Account No.:
Cheque No. Transit No. Institution No. Account No.	Phone number (xxx-xxx-xxxx):
	Authorized representative name:
Authorize electronic payment	Authorized representative signature:
I authorize the District of Summerland to start, change or stop deposit, by electronic funds transfer, payments owed to me by the District of Summerland.	Financial Institution Stamp:
The District of Summerland will deposit the payments in the banking account designated above.	
Note: If I submit my email address to receive EFT payment information, I will receive EFT payment information by email for all payments from the District of Summerland.	
Signature:	

5 Return completed form and void cheque (if applicable) to accountspayable@summerland.ca or fax to 250-494-1415 or mail to Box 159 Summerland, B.C. V0H-1Z0

Questions? email - accountspayable@summerland.ca or Call 250-494-6451

Date (dd/mm/yyyy): _____