



**BANK AUTHORIZATION FORM
FOR ELECTRONIC FUNDS TRANSFER**

Agent Number: _____

If there are changes to be made to your name or address, please indicate them here:

Name of Firm: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Agent E-mail Address: _____

Bank Account Type: Chequing Savings

Bank Account Number: _____

Bank Transit: Branch Number (5 Digit Number): _____

Bank Number (3 Digit Number): _____

Authorization Signature: _____ Date: _____

**Please attach a void cheque and advise us in writing
of any changes in banking arrangements in the future.**