

Agreement to Receive

Electronic Funds Transfer (EFT)

Upon completion, please scan and email this form to ap@rdbn.bc.ca.

*Indicates required information

Company Information:

Company name* (as it appears on your invoice or bills)		Company Legal Name (if different from Company Name)	
Mailing Address*	City*	Province*	Postal Code*
()			
Main Business Phone		Business Email*	
Payment Information	:		
Email Address for Remit	tance*		
Financial Institution*		Financial Institution Address*	
Bank Code (XXX)*	Transit (XXXXX)*	Account number*	
YES! I have attached	a void cheque to this form	to indicate the bank acc	count where my

payments are to be deposited.*