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## **ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

To set up EFT, a copy of a void cheque or direct deposit authorization form from a financial institution **MUST** be provided with this form.

**Business Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Business Phone #** \_\_\_\_\_

**Remittance Email:** \_\_\_\_\_

(Email address you wish to have payment advice sent to.)

**Business Contact Information:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Authorizing Signature:** \_\_\_\_\_

Please promptly return this form via email to [payables@edson.ca](mailto:payables@edson.ca) to be set up on EFT.

Thank you.