



Direct Deposit Authorization For Electronic Funds Transfer

Please indicate if you're starting new EFT or if
you're updating an existing authorization:

New Direct Deposit

Updated EFT Information

Vendor Information

Name:		
Mailing Address:		
Town/City:	Province:	Postal Code:
Telephone Number (Main):	Remittance Email:	
Contact Name:		

Bank Information

Bank Name:		
Branch Address:		
Town/City:	Province:	Postal Code:
Telephone Number (Main):	Email:	

Institution #:															Transit #:															Account #:														
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Please attach a copy of a VOID cheque or direct deposit authorization form.

I acknowledge that completion of this form authorizes the Town of Edson to use the provided banking information to carry out Electronic Fund Transfers. The Town will deposit payments in the banking account designated above, and send remittance advice to the email provided.

Authorization

Name:	Title:
Signature:	Date (format used is year-month-day - 2021-12-31):

This personal information is being collected under the authority of the Municipal Government Act, RSA 2000, Chapter M-26, and will be used for administering the affairs of the Town of Edson and for the provision of services. This information is protected by the privacy provisions of the Freedom of Information and Protection of Privacy (FOIP) Act, RSA 2000, Chapter F-25. If you have any questions about the collection of this information, please contact the Town of Edson at 780-723-4401.