



Electronic Funds Transfer Authorization Form

Vendor Name: _____

Address: _____

Request for Electronic Funds Transfer

I hereby authorize the Township of Greater Madawaska to deposit Accounts Payable payments to the account indicated below. Thirty days written notice is required to cancel or change the account information.

Contact Name: _____

Title/Position: _____

Phone: _____

Owner/Signing Officer Signature

Date

Please attach a void cheque or bank account verification letter and complete the following information:

Name of Bank/Financial Institution: _____

Address of Bank/Financial Institution: _____

Direct Deposit Remittance:

Please indicate the email address you would prefer to have the EFT remittance

emailed to: _____

Upon completion, please send this form, and your void cheque/bank account verification letter, by email to finance@greatermadawaska.com