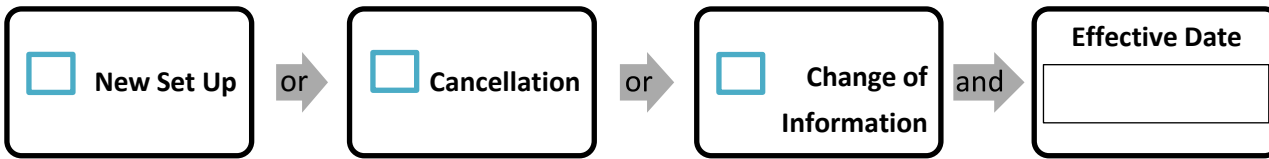


# ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT



## Member / Contact Information

Name:

Address:

Postal Code:

Email:

Scan and email the completed form and voided cheque to: [accounting@wfn.ca](mailto:accounting@wfn.ca)

Bank Address:

Bank Swift # \_\_\_\_\_

## Banking Information

Please attach a void cheque or Banking Information Form

**\*\*\*MANDATORY\*\*\***

## Authorization

I (we) here by authorize Westbank First Nation (WFN) to direct payments electronically to the bank account specified here. I (we) acknowledge that the origination of the EFT transactions to my (our) account must comply with the provisions of Canadian law. This authorization agreement is effective as of the effective date above and is to remain in full force and effect until WFN has received notification of its termination. I (we) agree to submit an updated EFT Authorization Agreement Form to WFN for the cancellation of this agreement or to make any changes to the information provided within this agreement.

Authorization Signature:

Printed Name:

PHONE:       Date: