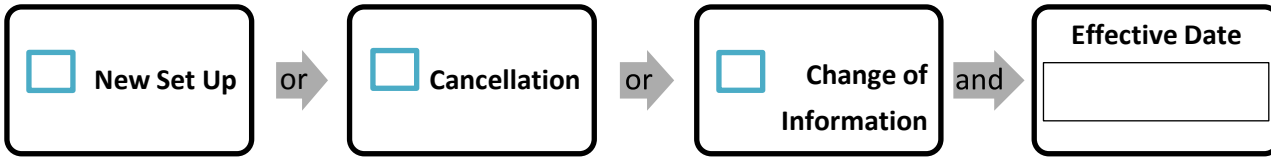


# ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT



## Supplier Information

Supplier Name:

Remittance Name:

Remittance Address:

Remittance Email:

Contact Name:

Email:

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

Or mail the completed form to:  
Westbank First Nation  
Accounts Payable  
201-515 Highway 97 South  
Kelowna, BC V1Z 3J2

### Questions?

Email: [ap@wfn.ca](mailto:ap@wfn.ca) or call (250) 769-4999 and ask for Accounts Payable

## Banking Information

Please attach a voided check (optional)

Type of Account:  Checking  Savings

Bank Name :

Bank Address:

Transit No.:  Institution No.:

Account No.:

## 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:

Title:

Phone #  Date: