



## Electronic Funds Transfer / Company Information

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Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### **PAYMENTS TO BE DIRECTED TO**

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Bank Name: \_\_\_\_\_

Bank Transit: \_\_\_\_\_ Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Notification Email: \_\_\_\_\_

Bank Info Applicable to All Payment Sites: \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\*PLEASE ATTACH VOID CHEQUE\*\***

### **AUTHORIZATION**

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Authorization Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name & Title: \_\_\_\_\_

### **FORWARD COMPLETED FORM TO**

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Email  
ap@northmiddlesex.on.ca

Mail  
229 Parkhill Main Street  
Parkhill ON N0M 2K0, Canada

Fax  
Fax: 519-294-0573