



4829 – 50th STREET
POSTAL DRAWER 640
VEGREVILLE, ALBERTA
T9C 1R7
TELEPHONE (780) 632-2606
FAX (780) 632-3088
WEBSITE <http://www.vegreville.com>
E-MAIL vegtown@Vegreville.com

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Effective October 1, 2016, the Town of Vegreville is transitioning to pay its vendors by direct deposit to their bank account. Please complete and return this form to the attention of the Accounts Payable Clerk:

By Mail: P.O. Box 640, Vegreville, AB T9C 1R7

By Email: accountspayable@vegreville.com

By Fax: (780) 632-3088

COMPANY NAME:	ADDRESS:
CONTACT NAME:	CONTACT PHONE NUMBER:
CONTACT EMAIL ADDRESS:	REMITTANCE EMAIL ADDRESS:

NOTE: REMITTANCE ADVICE WILL BE SENT VIA EMAIL

BANK NAME	BANK ADDRESS
BANK / INSTITUTION NUMBER	BRANCH / TRANSIT NUMBER
ACCOUNT NUMBER	ACCOUNT TYPE: <input type="checkbox"/> CHEQUING <input type="checkbox"/> SAVINGS

Please provide one of the following as **proof of account**:

- Void Cheque
- Pre-Printed Deposit Slip
- Bank Letter

I hereby authorize the Town of Vegreville to deposit our invoice settlements into our bank account:

NAME	TITLE
DATE	AUTHORIZED SIGNATURE