



choir alberta

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ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION AGREEMENT

Please check one: NEW SETUP CHANGE OF INFORMATION

Supplier Name/Accountholder

Date

Supplier Address

City

Province/State

Postal/ZIP Code

Supplier Phone Number

Supplier Email Address

Contact Name (if different from Supplier Name)

Contact Phone Number

Bank Name

3 digit institution code

Bank Address

City

Province/State

Postal/ZIP Code

Bank Phone Number

Bank Account Number

5 digit transit number

I (we) hereby authorize Choir Alberta Association 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 date above and is to remain in full force and effect until Choir Alberta has received notification by email to info@choiralberta.ca of its termination. I (we) agree to submit an updated EFT Authorization Agreement Form to Choir Alberta to make any changes to the information provided in this agreement.

Authorized Signature

Date

Printed Name

Title

Please forward the completed form by email to info@choiralberta.ca or by post to Choir Alberta, 5708 72 Street NW, Edmonton, AB T6B 3J4. Thank you!