



FORT NELSON FIRST NATION
ELECTRONIC FUNDS TRANSFER FORM (EFT)

(1) EFT Action Requested (check one)

Start

Change

Cancel

IMPORTANT: For a start or change request, attach a voided cheque, stamped bank letter or electronic payment information on company letterhead with completed form

(2) Vendor Information

VENDOR NAME:

VENDOR ADDRESS:

(3) Vendor Contact Information

PRIMARY EFT CONTACT NAME:

E-MAIL ADDRESS:

PHONE NUMBER:

FAX NUMBER:

(4) Financial Institution Information

FINANCIAL INSTITUTION NAME:

ADDRESS:

TRANSIT NUMBER:

INSTITUTION NUMBER:

ACCOUNT NUMBER:

ACCOUNT TITLE (NAME ON ACCOUNT):

(5) Vendor Authorization

SIGNATURE & TITLE OF AUTHORIZED PERSON:

DATE: