



MUNICIPAL DISTRICT OF GREENVIEW No. 16

Electronic Funds Transfer Form

Completion of All Fields is Mandatory. Incomplete forms will not be processed.

INSTRUCTIONS

Any alterations to the information that is preprinted on a cheque will not be accepted.

- Funds will only be deposited into ONE bank account.
- Funds can only be deposited in the name of the person or company who CURRENTLY receives the cheque.

Part 1 - Party to Receive Payment

Company Name		Vendor ID (If Known)
Last Name	First Name	Middle Name
Address		City/Town
Province	Postal Code	Telephone Number (including Area Code)
Email address for electronic delivery of remittance advice:		

I authorize the Municipal District of Greenview No. 16 to make all payments due to me by electronic deposit to the account below. Payment shall continue until I advise otherwise.

Dated	Signed
-------	--------

Part 2 – Banking Information

Name of Bank		Bank Address	
Bank Transit/Branch Number	Bank Number	Account Number	
Printed Name of Account Holder		Signature of Account Holder or Finance Officer	

See sample cheque below to complete the above information.

The personal information collected on this form is being collected under the authority of Sections 33 and 39(1)(a)(b) of the Alberta Freedom of Information and Protection of Privacy Act, and Section 301.1 of the Municipal Government Act. The information will be used to process your application(s). Your name, contact telephone number and address may be used to carry out current and/or future construction, operating programs, services or activities of the Municipality. If you have any questions about the collection, use or disclosure of the personal information provided, please contact the Freedom of Information and Protection of Privacy Coordinator at 780.524.7600.

FIRST LASTNAME
 1234 AVENUE ST
 CITY, PROV. Z1Z 1Z1
 Tel: (416) 555-5555

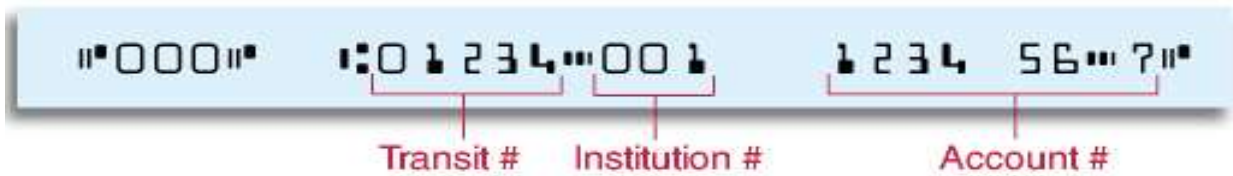
000

PAY TO THE ORDER OF _____ \$ _____

100 DOLLARS

IN Institution Name
 Institution Full Name
 Internet: www.institution.com
 2345 Street Ave.
 City, Prov. Z1Z 1Z1

⑈000⑈ ⑆0 234 000 ⑆ 1234 56 7⑈



Please return this form to the MD of Greenview Accounts Payable for processing.

Mailing Address: PO Box 1079
 Valleyview, AB
 T0H 3N0

Email: accounts.payable@mdgreenview.ab.ca