



ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM

Use this form to set up electronic payment of expense claims and invoices from Wrestling Canada Lutte direct to your bank account. Please complete the relevant sections below and return the form to finance@wrestling.ca.

NAME:

BANK ACCOUNT INFORMATION

Institution Number:

Transit Number:

Account Number:

PAY TO THE ORDER OF _____

YOUR FINANCIAL INSTITUTION
YOUR ADDRESS
CITY, PROVINCE, POSTAL CODE
000-000-000

MEMO _____

⑈ 6 2 4 4 ⑈ ⑈ 1 2 3 4 5 ⑈ 6 7 8 ⑈ ⑈ 1 2 3 ⑈ ⑈ 4 5 6 ⑈ ⑈ 7 8

Check No. Branch Code (Transit No.) Bank Code (Institution No.) Account Number

Please note you will not receive automatic notice when a deposit is made into your account. If you have any questions regarding a deposit that is made, please contact finance@wrestling.ca.

I hereby give permission for Wrestling Canada Lutte to make deposits directly into the above noted account.

Account holder's signature

Date

