

Electronic Funds Transfer (EFT) Registration Form

INSTRUCTIONS

This form is used to obtain the vendor's banking information and authorization for electronic payment remittances. The vendor is instructed to:

1. Complete and sign the form
2. Provide the form and a voided cheque to G&F Financial Group (accountspayable@gffg.com)

VENDOR INFORMATION

Vendor Name			
Doing Business As			
Address			
City	Province	Postal Code	Phone Number

DIRECT DEPOSIT INFORMATION

Financial Institution Name			
Branch Address			
Account Name			<input type="checkbox"/> Chequing <input type="checkbox"/> Savings
Institution No.	Branch No.	Account No.	
0			

☐ Voided cheque attached

REMITTANCE ADVICE INFORMATION

When the electronic payment is created, the statement from your bank will show payments from "GULF AND FRASER ACCTS PAYABLE" and an email will be generated to provide details of the payment. Please indicate in the space below the email address you would like the electronic payment advice sent to.

Contact Name	Phone Number	Email
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By signing this form, I certify the following:

1. The signature below is an authorized representative of the "Vendor" and the "Vendor" authorizes G&F Financial Group to electronically deposit payments by means of an electronic funds transfer ("EFT") to the account provided above in settlement of amounts owing by G&F to the vendor
2. I will promptly inform G&F of any payments made in error and make arrangements with G&F Accounts Payable for the earliest return or deduction of said funds
3. I verify that the above account information is correct and I understand that I must notify G&F Financial Group immediately of any changes in status of banking information
4. I understand that this authorization will remain in effect until G&F Financial Group has received notification requesting a change or cancellation

Authorized Representative (Signature)

Date

Printed Name

Title