



EFT AUTHORIZATION FORM

Address:		
City:	Province:	Postal Code:
	Bank Account Informa	ition
Bank Name:		Phone Number:
Bank Address:		
City:	Province:	
Bank Number: (3 digits)		
Transit or Branch Number: (5 digits)		
Bank Account number:		
Please attach a void cheque or pre-pr	inted bank deposit slip.	
Email the Direct Deposit remittance ac	Remittance Instruction	
Email the Direct Deposit remittance ac Email reports and statements to:	dvice to: Email Addres	s: s:
	dvice to: Email Address	s: s:
Email reports and statements to:	dvice to: Email Address Email Address Authorization Agreem	s: s:
Email reports and statements to: reby authorize Alberta - Pacific Forest Industrie //e. her, I agree not to hold Alberta - Pacific Forest	Email Address Email Address Authorization Agreem es Inc. to initiate automatic dep	s:
Email reports and statements to: reby authorize Alberta - Pacific Forest Industrie ve. ther, I agree not to hold Alberta - Pacific Forest mation supplied by me or by my financial institution.	Email Address Email Address Authorization Agreem es Inc. to initiate automatic dep Industries Inc. responsible for on or due to an error on the paracific Forest Industries Inc. responsible con control on the paracific Forest Industries Inc. responsible for on or due to an error on the paracific Forest Industries Inc. responsible Inc. Inc. responsible Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	s:
Email reports and statements to: reby authorize Alberta - Pacific Forest Industrie ve. ther, I agree not to hold Alberta - Pacific Forest Imation supplied by me or by my financial institutiount. agreement will remain in effect until Alberta - Pa	Email Address Email Address Authorization Agreem es Inc. to initiate automatic dep Industries Inc. responsible for on or due to an error on the paracific Forest Industries Inc. responsition to the Accounts Payable	s: sent nent nosits to my account at the financial institution named any delay or loss of funds due to incorrect or incomple rt of my financial institution in depositing funds to my neceives a written notice of cancellation from me or my sole Department.

Please return completed form and copy of void cheque to the above address ATTENTION ACCOUNTS PAYABLE.