



Electronic Fund Transfer Enrolment Form

Please fill out this form if you will be receiving a payment from The Western Canadian District of the C&MA as we will no longer issue cheques.

Email the completed form to: finance-AP@transformcma.ca

1. Name and Address

Church/Business/Org Name:	
Address:	
City/Province/Postal Code:	
Phone number:	
BN/GST # (if applicable):	

2. Bank Account Information

You must attach one of the following documents with this form. Please mark with an X the document submitted.

<input type="checkbox"/>	Void cheque
<input type="checkbox"/>	Encoded bank deposit slip
<input type="checkbox"/>	Bank letter

Bank name:	
Bank address:	
City/Province/Postal Code:	
Bank phone number:	
Name on account:	

Canadian bank number (3 digits):	
Branch number (5 digit transit):	
Account number (12 digit max):	

3. Remittance Advice (will be sent to this email address)

Email Address:	
----------------	--

4. Authorization

<input type="checkbox"/>	I give authorization to The Western Canadian District of the C&MA to send payment(s) via Electronic Funds Transfer as per the information provided above
--------------------------	--

Authorization signature:	
Name (please print clearly):	
Date:	

Please ensure all sections have been filled out before submitting this form.