



Wire Payments (USD) - Enrolment Form

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

1. Name and Address

Vendor Name:	
Address:	
City/State/Zip Code:	
Country:	
Phone number:	

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/State/Zip Code:	
Country:	
Bank phone number:	
Name on account (i.e. Beneficiary):	

Account #:	
ABA Routing #:	
SWIFT:	

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

Email Address:	
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4. Authorization

<input type="checkbox"/>	I give authorization to The Western Canadian District of the C&MA to send payment(s) via Wire Payment as per the information provided above
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Authorization signature:	
Name (please print clearly):	
Date:	

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