



CHINOOK'S EDGE SCHOOL DIVISION NO. 73

ELECTRONIC FUNDS TRANSFER
AUTHORIZATION FOR DIRECT DEPOSIT PAYMENT

VENDOR NAME: _____

ADDRESS: _____

E-Mail Address (Required): _____

I(We) hereby authorize Chinook's Edge School Division No. 73 to deposit any and all payments in the bank account identified below.

NAME: _____

SIGNATURE: _____ DATE: _____

Bank: _____

Bank address: _____

Bank No.: ____ _ Bank Transit No.: ____ _

Account No.: _____

Accounts Payable Department Use Only

Vendor No.: _____ Date entered: _____

Please return to the attention of the Accounts Payable Department