

**ELECTRONIC FUNDS TRANSFER
APPLICATION FORM
PLEASE PRINT**

Contact the Accounts Payable Department at 306-236-3622 ext. 202 or email taxclerk@meadowlake.ca with any questions or concerns.

Part 1: Vendor Information

Vendor Name: _____
Address: _____
City, Province, Postal Code: _____
Phone Number: _____

Is this your payment address? YES NO If NO, please identify payment address below.

Part 2: Payment Information

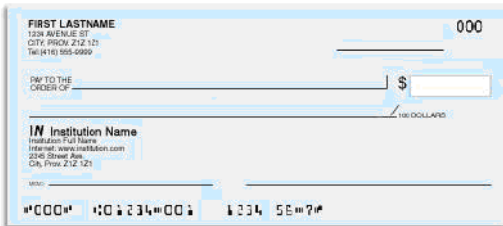
Complete the following and attach a VOID cheque or blank encoded deposit slip. Electronic Funds Transfer through the City of Meadow Lake is available to Canadian funds bank accounts only.

Financial Institution Name: _____

Financial Institution Address: _____

Vendor Bank Information

_____ Bank/Institution # _____ Branch # _____ Bank Account #

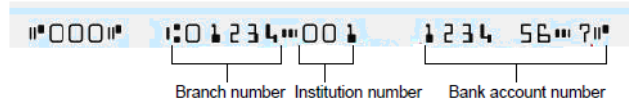


Payment Address: _____

City: _____

Province, Postal Code: _____

Phone Number: _____



Part 3: Remittance Information (Check your preference for remittance information.)

_____ No remittance advice necessary
_____ E-mail address: _____

Part 4: Authorization Information

The City of Meadow Lake is hereby authorized and requested to credit payments to the Vendor and the designated Financial Institution named above until cancelled in writing.

Signature of Representative (An authorized signer for Vendor's bank account.)

Representatives Name and Title

Date

Complete this form and submit to: **City of Meadow Lake**
Box 610, Meadow Lake, SK S9X 1Y5
Fax: 306-236-4299
Email: taxclerk@meadowlake.ca

*** It is your responsibility to notify us of any changes in banking institution information.***