



Electronic Funds Transfer / Company Information

Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

PAYMENTS TO BE DIRECTED TO

Bank Name: _____

Bank Transit: _____ Bank: _____

Account Number: _____

Notification Email: _____

Bank Info Applicable to All Payment Sites: _____ Yes _____ No

****PLEASE ATTACH VOID CHEQUE****

AUTHORIZATION

Authorization Signature: _____

Date: _____

Name & Title: _____

FORWARD COMPLETED FORM TO

Email

ap@northmiddlesex.on.ca

Mail

229 Parkhill Main Street
Parkhill ON N0M 2K0, Canada

Fax

Fax: 519-294-0573