

DIRECT DEPOSIT / ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

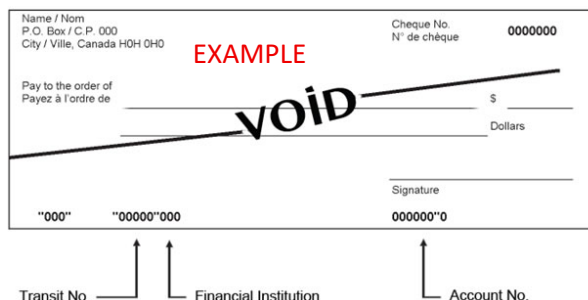


Transaction Type ☐ New Set Up ☐ Change of Information ☐ Cancellation

Payee Information - All fields required

Payee Name: _____
Remittance Name*: _____ **if different from the payee name*
Remittance Address: _____
Street Address _____ City _____ Province _____ Postal Code _____ Phone Number _____
Remittance Email: _____
Contact Name: _____ Phone Number: _____
Contact Email: _____ **if different from the remittance email*

Banking Information - All fields required



Please attach a void cheque or bank confirmation letter to ensure the correct banking information is supplied and that the request originates from your company/organization. Please note this form **cannot** be processed without a void cheque or bank confirmation letter.

Bank Name: _____
Transit No.: _____ Institution No.: _____
Account No.: _____

Please notify CIC immediately if your banking arrangements change, visit www.cicorp.sk.ca/contact-us to download a form.
Send completed forms and void cheque or bank confirmation letter to accountspayable@cicorp.sk.ca.

Authorization

I hereby authorize Crown Investments Corporation of Saskatchewan (CIC) to direct payments electronically to the bank account listed above. I agree to submit an updated Electronic Funds Transfer (EFT) Authorization Agreement Form to CIC for the cancellation of this agreement or to make any changes to the information provided within this agreement.

Authorized Signature: _____ Date: _____
Printed Name: _____ Phone Number: _____

The individually identifiable and financial information on this form collected by CIC is used only for the purposes of payment of supplier invoices and will not be disclosed to anyone other than the claimant or his/her legal representative.

FOR CIC USE ONLY:

Vendor Number: _____ Entered by: _____ Date: _____ Reviewed by: _____ Date: _____