



EFT Bank Information Authorization

Please email the completed form to the attention of your Samuel Accounts Payable contact. Select one of the following:

- SAME BANKING INFORMATION AS SERVICE CENTER CANADA (FILL IN 'FORM COMPLETED BY' ONLY)
- NO EFT CAPABILITIES (FILL IN 'FORM COMPLETED BY' ONLY)
- UPDATE EFT (BANKING ACCOUNT) (FILL OUT ALL SECTIONS BELOW)

FORM COMPLETED BY		SECONDARY CONTACT	
Name:		Name:	
Title:		Title:	
Phone:		Phone:	
Email:		Email:	
Company Name:			

DEPOSIT BANK INFORMATION			(INTERNAL)
Company Name:			
Bank Name:			
Bank Address:			
Bank Phone Number:			
Routing/ABA Number – 9 digits (US Bank):			
Bank ID Code – 3 digits (CAN Bank):			
Bank Transit – 5 digits (CAN Bank):			
Bank Account Number:			

REMITTANCE INFORMATION FOR UPDATE EFT ONLY	
Send Remittance to the Attention of:	
Email Address to Send remittance to:	
Representative Authorizing Deposit (Please Print):	
Representative Authorizing Deposit (Signature):	
Title:	
Date:	

FOR INTERNAL ACCOUNTS PAYALBLE USE ONLY	
Validator Name:	
Validator Signature:	
Validation Date:	
Vendor Number:	