

# Direct Deposit Authorization for Electronic Funds Transfer (EFT)

## Use this form to:

Start Direct Deposit Payments       Change information previously submitted       Effective date: \_\_\_\_\_  
Month/Day/Year

## Contact information:

Vendor Number (For Office Use Only): \_\_\_\_\_  
Name of company or person to receive payment: \_\_\_\_\_  
Street Full Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title or Position: \_\_\_\_\_ Fax: \_\_\_\_\_

## Confirmation of Deposits:

Your statement of account from your bank will show payments from The Royal Canadian Legion.  
E-mail address for confirmation of deposit: \_\_\_\_\_

## Bank Account Information for Deposits

Please attach a blank cheque with your bank information on it.  
Write VOID across the front.

Type of Account:       Chequing       Savings

Name / Nom	Example / Exemple	Cheque No.	0000000
PO Box / CP 000		No de chèque	
City / Ville, Canada H0H 0H0			
Pay to the order of	<i>Void / Nul</i>	\$ _____	
Payez à l'ordre de		_____ Dollars	
*999* 99999 *** 999		999 *** 999 *** 9	Signature _____
<small>Cheque No.</small>	<small>Branch No.</small>	<small>Institution No.</small>	<small>Bank Account No.</small>

For accounts without cheques, have your bank complete the following:

Type of Account:       Chequing       Savings

Name of bank or other financial institution: \_\_\_\_\_

Address of branch where account is held: \_\_\_\_\_

Transit No.: \_\_\_\_\_ Institution No.: \_\_\_\_\_

Account No.: \_\_\_\_\_

Teller Stamp:  
\_\_\_\_\_

## Authorize Electronic Funds Payments

I authorize The Royal Canadian Legion, by electronic fund transfer, payments owed to me by The Royal Canadian Legion and, if necessary, to debit entries and adjustments for amounts deposited electronically in error. The Finance Department of The Royal Canadian Legion will deposit the payments in the banking account designated above. I recognize that if I give incomplete or inaccurate information on this form, payments may be made to the wrong account.

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_  
Month/Day/Year

## Email completed form and voided cheque to:

Email: [directdeposit@legion.ca](mailto:directdeposit@legion.ca)