

ELECTRONIC FUND TRANSFER REQUEST FORM

The following information is needed when an Electronic Funds Transfer is requested to be sent to a company or claimant authorised by Archery Canada. The information should accompany or be included to all first time claims.

Individual Claimant/or Company Name

Name:: _____

Address: _____

City Prov PC

Tel : (____) _____

E-Mail: _____

Banking Information:

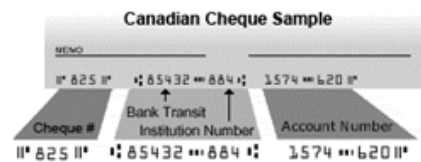
Bank Name: _____

Bank Address: _____

Transit #: _____

Institution # _____

Account #: _____



Authorization:

Please sign below to confirm that you are authorizing Archery Canada to begin transferring payments for your invoices to the account mentioned above.

Signature of Account Holder Date

Please submit the completed form to the Executive Director at information@archerycanada.ca