



CHINOOK'S EDGE SCHOOL DIVISION NO. 73

ELECTRONIC FUNDS TRANSFER  
AUTHORIZATION FOR DIRECT DEPOSIT PAYMENT

VENDOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

E-Mail Address (Required): \_\_\_\_\_

I(We) hereby authorize Chinook's Edge School Division No. 73 to deposit any and all payments in the bank account identified below.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Bank: \_\_\_\_\_

Bank address: \_\_\_\_\_

\_\_\_\_\_

Bank No.: \_\_\_\_-\_\_\_\_-\_\_\_\_ Bank Transit No.: \_\_\_\_-\_\_\_\_-\_\_\_\_

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

Accounts Payable Department Use Only

Vendor No.: \_\_\_\_\_ Date entered: \_\_\_\_\_

\_\_\_\_\_

***Please return to the attention of the Accounts Payable Department***