

# DIRECT DEPOSIT / ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT



Transaction Type       New Set Up       Change of Information       Cancellation

## Payee Information

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

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

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

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

Please notify CIC immediately if your banking arrangements change, visit [www.cicorp.sk.ca/contact\\_us](http://www.cicorp.sk.ca/contact_us) to download a form.

Send completed forms to [accountspayable@cicorp.sk.ca](mailto: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: \_\_\_\_\_