

I hereby authorize the Region of Peel, through the Royal Bank of Canada, to deposit our payments to the bank account as indicated below. I will advise Accounts Payable of any change in this regard and the authorization is to remain in effect until I cancel it in writing with the sign off from two company officers.

Attach a cheque here (mark cheque "Void").

Only forms with original signatures will be processed. Please **do not fax** this document.

233	"Void"		
233 ↓	99999 ↓	001 ↓	0002345611 ↓
Cheque No.	Branch	Bank No.	Account No.

Detailed Banking Information

Bank Name _____
Address _____
Branch Transit _____ Bank No. _____ Account No. _____

Company Information

Company Name _____
Company Mailing Address _____
Receivable Email Address for EFT Payment Notification _____

Company Officers

Name _____	Name _____
Title _____	Title _____
Email _____	Email _____
Phone No. _____ - _____ - _____	Phone No. _____ - _____ - _____
Fax No. _____ - _____ - _____	Fax No. _____ - _____ - _____
Signature _____	Signature _____

Date Requested _____ / _____ / _____

When completed, mail or deliver this application with original signatures to Region of Peel

