

PAYMENT INFORMATION

I hereby consent and give **OCETFO/FEEO** the authorization to use the attached banking information to process an electronic payment directly to my organization's bank account through the use of Electronic Funds Transfer. I understand the information will be kept confidential and not used for any other purpose.

I also agree to update Margo Charles directly should any of the banking information below change.

Instructions: Please complete:

Payment information:

To ensure the accuracy of our account information, you must attach/fax a void cheque and complete the following:	
Name of Financial Institution	
Address of Financial Institution	

ACCOUNT INFORMATION: (COMPLETE ONE ONLY)

CAD\$ Account

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Bank Code
(4 digits)

Transit Number
(5 digits)

Account Number
(Maximum 12 digits)

USD\$ Account in Canada

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Bank Code
(4 digits)

Transit Number
(5 digits)

Account Number
(Maximum 12 digits)

USD\$ Account in USA

<input type="text"/>	<input type="text"/>	<input type="text"/>
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ABA Routing
(5 digits)

Number
(4digits)

Account Number
(Maximum 17 digits)

REMITTANCE INFORMATION

Please indicate how you would prefer to receive your payment details:
 (Please check one only)

- E-mail address:** _____
- No remittance advice necessary**

Contact Name: _____ School: _____

Phone (613) _____ Fax: (____) _____

Signature: _____ Date: _____

**PLEASE SCAN or FAX (613-829-0869) COMPLETED FORM AND "VOID CHEQUE" TO (Insert Contact Number)
 ATTENTION: Margo Charles**