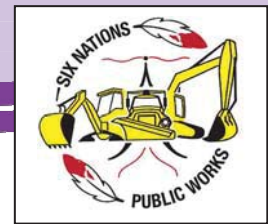




Once having completed this form please send to:
PublicWorksAdmin@sixnations.ca



SIX NATIONS PUBLIC WORKS DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER (EFT) CUSTOMER PAYMENT ENROLLMENT FORM

ENROLLMENT

MODIFICATION

SECTION 1 – CUSTOMER INFORMATION

CUSTOMER NAME:	REGISTRY NUMBER:
MAILING ADDRESS:	BLUE FLAG NUMBER & ROAD NAME If applicable):
CITY & PROVINCE	POSTAL CODE:
CONTACT PERSON:	TITLE:
CONTACT PHONE NUMBER:	EMAIL ADDRESS (MANDATORY):

SECTION 2 – FINANCIAL INSTITUTION INFORMATION

BANK NAME:		
ADDRESS:		
CITY & PROVINCE	POSTAL CODE:	
BANK TRANSIT NUMBER (5 digits)	BANK (3 digits)	BANK ACCOUNT NUMBER:

SECTION 3 – CUSTOMER SIGNATURE AND AUTHORIZATION

I hereby authorize Six Nations of the Grand River Elected Council to deposit via EFT to the account indicated above for the purpose of paying customer refunds.

_____ Customer Signature (must be contact person from Section 1)

_____ Date (MM/DD/YYYY)

A void cheque must accompany this form. Please fax to 519-445-4242

OFFICE USE ONLY – DO NOT USE	CUSTOMER #
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