

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").

Please do not sign this document.

| | | | | |
|---|------------|------------|-----------------|-----------------|
| 233 | | | | |
| "Void" | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 25%;">233 ↓</td> <td style="text-align: center; width: 25%;">99999 ↓</td> <td style="text-align: center; width: 25%;">001 ↓</td> <td style="text-align: center; width: 25%;">0002345611 ↓</td> </tr> </table> | 233 ↓ | 99999 ↓ | 001 ↓ | 0002345611 ↓ |
| 233 ↓ | 99999 ↓ | 001 ↓ | 0002345611 ↓ | |
| <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 25%;">Cheque No.</td> <td style="text-align: center; width: 25%;">Branch</td> <td style="text-align: center; width: 25%;">Bank No.</td> <td style="text-align: center; width: 25%;">Account No.</td> </tr> </table> | Cheque No. | Branch | Bank No. | Account No. |
| 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 _____ Title _____ Email _____ Phone No. _____ - _____ - _____ Fax No. _____ - _____ - _____ Signature _____ | Name _____ Title _____ Email _____ Phone No. _____ - _____ - _____ Fax No. _____ - _____ - _____ Signature _____ |
|---|---|

| |
|--------------------------------------|
| Date Requested _____ / _____ / _____ |
|--------------------------------------|

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