(Rev.1609)

Producer EFT Enrollment Form

THIS FORM MUST BE ACCOMPANIED WITH A COPY OF A CHEQUE OR ROUTING INFORMATION PROVIDED ON BANK LETTERHEAD

Type of Request: ☐ New EFT set up ☐ Modify/Change of banking information

Type of modification: ☐ Co.Name ☐ Email ☐ Banking Info.

VENDOR INFORMATION

Company Legal Name:	
Company Doing Business As (if other than Legal Name):	
Producer/IRMA Number:	* *Your IRMA number can be found on the BC Milk statement*

CONTACT INFORMATION

Mailing Address	**Payment Remittance Address (if different than Mailing)**
Street Address:	Street Address:
P.O. Box # /Station # (if applicable):	P.O. Box # /Station # (if applicable):
City, Province/State:	City, Province/State:
Postal Code/Zip Code:	Postal Code/Zip Code:
Contact Name:	Contact Name:
Phone Number:	Phone Number:
E-Mail Address:	E-Mail Address:

BANK INFORMATION

Please select which bank document is included with this application *document MUST be included:

Bank document: ☐ Void Cheque ☐ Letter from Financial Institution on bank letterhead (include bank contact person)
(Void cheque must be pre-printed with account holder's name)

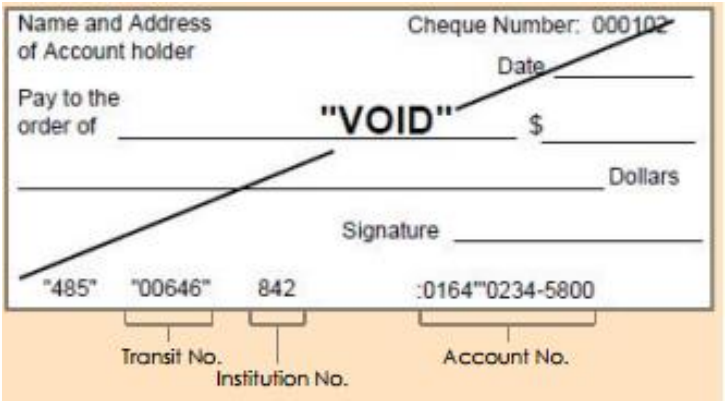
Enter Account information from Void Cheque (see example to the right) or from the Bank Letter

Bank Name:

Transit Number:

Institution Number:

Account Number:



AUTHORIZATION

I (we) hereby authorize BC Milk Marketing Board to direct payments electronically to the bank account specified above. I (we) acknowledge that the origination of the EFT transactions to my (our) account must comply with the provisions of Canadian law. This authorization agreement is effective as of the effective date above and is to remain in full force and effect until BC Milk has received notification of its termination. I (we) agree to submit an updated EFT Authorization Agreement Form to BC Milk for the cancellation of this agreement or to make any changes to the information provided within this agreement.

Authorized Employee/Owner Name (printed)	Title
Signature of Authorized Employee/Owner	Date

Vendors are responsible for notifying BC Milk of any changes to banking information.

Please return the completed form along with a void cheque or bank letter to: kwallis@bcmilk.com

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