Electronic Payment Request Form

Please ensure form is fully completed and signed and return to:

Metis Nation – Saskatchewan
310-20th Street East
Saskatoon, SK S7K 0A7
Email: humanresources@mns.ca

Company/Individual Name*: _____

Company/Individual Address*: _____
Phone Number *: _____
EFT Remittance Email Address *: _____
(* indicates **required** fields.)

FINANCIAL INSTITUTION INFORMATION:

(please attached a Void cheque or direct deposit form from your financial institution)

Name of Institution: _____
Address: _____
City/Province: _____
Postal Code: _____

Institution Code: _____ (3 or 4 Digit Number)
Transit/Branch #: _____ (5 Digit Number)
Account #: _____

I hereby authorize Metis Nation - Saskatchewan to make electronic funds transfers to the bank account specified above for the named Company/Individual for payment of goods and/or services. I hereby certify that I am duly authorized to sign this Electronic Payment Request Form on behalf of said Company/Individual.

_____ _____
Signature Date

_____
Name/Title (please print)

For Office Use Only	
EFT verification conducted Date:	**Employee conducted EFT verification:**