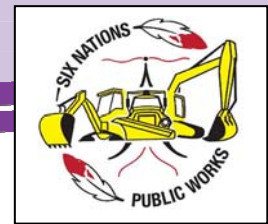




Once having completed this form please send to:  
**PublicWorksAdmin@sixnations.ca**



**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**

<b>OFFICE USE ONLY – DO NOT USE</b>	<b>CUSTOMER #</b>
-------------------------------------	-------------------