



Electronic funds Transfer (EFT) Payment Enrollment Form



columbia basin
environmental education network

Please send completed form to Mia at wildvoices@cbeen.org

SECTION I

PAYEE/COMPANY INFORMATION	
COMPANY or ORGANIZATION OR INDIVIDUAL	
ADDRESS:	

SECTION II

CONTACT INFORMATION (ACCOUNTS RECEIVABLE)	
CONTACT NAME:	
PHONE NUMBER:	ALT PHONE NUMBER:
EMAIL ADDRESS (e-notify):	
Business Number or SIN number (please specify): (required for payments in excess of \$499/yr)	

SECTION III

FINANCIAL INSTITUTION INFORMATION	
FINANCIAL INSTITUTION NAME:	
ADDRESS:	
FINANCIAL INSTITUTION NUMBER:	
TRANSIT NUMBER:	
ACCOUNT NUMBER:	

Please attach a cheque (or a clear copy) marked VOID or a routing sheet

I/We hereby authorize the Columbia Basin Environmental Education Network and/or The Outdoor Learning Store to credit my/our account at the institution indicated in order to pay for goods and/or services that I/we have sold and provided to the organization.

AUTHORIZED SIGNATURE(S):

_____	_____
_____	_____

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