## **EFFICIENCY MANITOBA**

## Direct deposit request form

Efficiency Manitoba's preferred method of payment is direct deposit. We strongly encourage your participation to reduce the use of paper products and experience a more efficient payment process. If you have any questions, email us at <a href="mailto:AccountsPayable@efficiencyMB.ca">AccountsPayable@efficiencyMB.ca</a>.

Select the type of dir	ect deposit a	account being registered:			
$\square$ A business (proceed to S	ection A)	$\square$ An individual (proceed to Section B)			
SECTION A					
(To be completed only when registering a business for direct deposit)  BUSINESS INFORMATION					
Business address (head offi	ce or remittance	e address):			
City:	Province	e: Postal code:			
<b>Important</b> : If the name on the name noted above, please e	he bank account explain below. Y	t differs from the legal business name or operating ou may be asked to provide supporting documentation.			
Name of financial institution	າ:				
Address of financial institut	ion:				
		Transit number (5 digits):			
Account number:					
Attach a copy of a void che	eque along with	this completed form.			



## **REMITTANCE INFORMATION**

·	O characters) to receive the payments details. We e, finance, or accounting department email address.
Email address:	
account provided. As applicable, I have the authe payee. The payee will ensure that any cha Efficiency Manitoba via another "Direct Depos responsibility to provide correct information.	yments due to the payee via direct deposit into the athority to provide the above information on behalf of inge to banking information is promptly submitted to sit Request Form." I acknowledge that it is my I acknowledge that any changes may take several in Efficiency Manitoba has the right to convert the
Name of authorized officer:	
Title of authorized officer:	Phone:

Signature: \_\_\_\_\_ Effective date: \_\_\_\_



## **SECTION B**

**PERSONAL INFORMATION** 

(To be completed only when registering as an individual for direct deposit)

Full legal name:		
Mailing address:		
		Postal code:
BANKING INFORMA	ATION	
Name on bank account (	must match full legal nar	ne above):
Name of financial institut	ion:	
Financial institution numb	oer (3 digits):	Transit number (5 digits):
Account number:		
Attach a copy of a void	cheque along with this o	ompleted form.
REMITTANCE INFO	RMATION	
Please provide an email a	ddress (maximum 50 ch	naracters) to receive the payments details.
Email address:		
account provided. The passubmitted to Efficiency Mit is my responsibility to pane. I acknowledge tha	ayee will ensure that any fanitoba via another "Dir provide correct informat t any changes may take	ents due to the payee via direct deposit into the change to banking information is promptly rect Deposit Request Form". I acknowledge that ion and confirm that this account is held in my several weeks to process from the receipt of the powert the payment back to a cheque without
Signature:	<b>—</b>	ffective date:

