



## Direct Deposit Authorization Form

Please complete the required fields below and email the form to [AccountsPayable@efficiencyMB.ca](mailto:AccountsPayable@efficiencyMB.ca).

Company Name: \_\_\_\_\_

### BANK ACCOUNT INFORMATION

Name of financial institution: \_\_\_\_\_

Address of financial institution: \_\_\_\_\_

Financial institution number (3 digits): \_\_\_\_\_ Transit number (5 digits): \_\_\_\_\_

Account number: \_\_\_\_\_

### REMITTANCE INFORMATION - FOR NOTICE OF PAYMENT

Please provide an email address to receive your payment details.

Email address: \_\_\_\_\_

I authorize Efficiency Manitoba to make all payments due to the identified payee via direct deposit into the account provided. As applicable, I have the authority to provide the above information on behalf of the payee. The payee will ensure that any change to banking information is promptly submitted to Efficiency Manitoba via another "Direct Deposit Authorization Form."

I acknowledge that it is my responsibility to provide correct information. I acknowledge that any changes may take several weeks to process from the receipt of the form. Efficiency Manitoba has the right to convert payment back to cheque without notice.

Name of Authorized Officer: \_\_\_\_\_

Title of Authorized Officer: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(YYYY-MM-DD)