

AbEd New Guest Set-up Application

To ensure timely payments of honorariums, please complete the EFT information.

Guest Information Part 1			
Guest Name:			
Phone Number:			
Address:			
City:		Postal Code:	
Email address (to receive EFT payment notifications):			
Email contact name (if different from guest name):			

EFT Banking Information (please include a copy of a void cheque)	
Bank Number:	
Transit Number:	
Account Number:	

Guest Information Part 2	
If you are a CRA Registered Business, enter your CRA Business Number:	
If you are an Individual, enter your Social Insurance Number:	
If you are a Non-Canadian Resident, enter your Social Security Number: <i>(15% tax withheld)</i>	

Signature			
Guest Signature:		Date:	

Please submit with a void cheque to:
SD8 Finance Department, School Board Office
Email to: accounts.payable@sd8.bc.ca