

Electronic Funds Transfer (EFT) Application

To ensure timely payment of invoices, please complete this EFT Application.

| Vendor Information | | | |
|--------------------|--|--------------|--|
| Vendor Name: | | | |
| Phone Number: | | | |
| Address: | | | |
| City: | | Postal Code: | |

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

| EFT notification by email (EFT advices will not be mailed) | |
|--|--|
| Contact Name: | |
| Email: | |

| | | | |
|------------|--|-------|--|
| Signature: | | Date: | |
|------------|--|-------|--|

Please submit with a void cheque to:
Accounts Payable, School Board Office
Email: accounts.payable@sd8.bc.ca or Fax: 250-352-6686