

# ATCO

## Electronic Funds transfer (EFT) Enrollment Form

REQUEST TYPE			
<b>NEW</b> EFT enrollment <input type="checkbox"/>	<b>MODIFY</b> bank information <input type="checkbox"/>	<b>CANCEL</b> EFT enrollment <input type="checkbox"/>	<b>"Void" cheque or bank letter attached</b> <input type="checkbox"/>
SUPPLIER INFORMATION			
Supplier Name:			
Legal Name (if different from above):			
Payment Remit to Address:			
City:	Province:	Postal Code:	
Contact Name:	Contact Title:		
Phone Number:	Fax Number:		
E-mail Address for Remittance Advice:		Is banking provided to be used for all remit to addresses? <b>Y</b> or <b>N</b> (circle one)	
AUTHORIZATION			
Name of Authorized Person:		Title:	
Signature of Authorized Person:		Date (YY/MM/DD):	
<b>Suppliers are responsible for notifying ATCO of any changes to banking information.</b>			

Please return this completed form **along with a "VOID" cheque or bank letter** to:

[OraclesupplierAdministrations@atco.com](mailto:OraclesupplierAdministrations@atco.com)

(For ATCO use only: @ Oracle Supplier Administration)

(Without the required bank generated documentation ("VOID" cheque or bank letter) we will be unable to process your EFT enrollment request.)

**Questions about this form?:** E-mail us at [OraclesupplierAdministrations@atco.com](mailto:OraclesupplierAdministrations@atco.com)