

TITLE

Electronic Funds Transfer Application for Payees

The Jewish Foundation of Manitoba is initiating electronic funds transfer for all vendor and grant related payments. Rather than issuing cheques, the JFM will electronically transfer payments to your bank account.

Please complete and sign this form to initiate payment by Electronic Funds Transfer

Payee Information					
PAYEE NAME(S)				TEL. NO.	
ADDRESS EFT NOTI				ΓΙFICATION EMAIL	
ADDILLOS			LI I NOTHICE	THON EATHE	
CITY		PROVINCE		POSTAL CODE	
	Divert Democit In	£aa.t:a			
You must provide either a voi	Direct Deposit In d cheque or a bank account verification cl		, Transit ID a	nd Account information.	
		, 3,			
Bank Account Information					
INSTITUTION NAME	INSTITUTION NUMBER	TRANSIT NUMBER		12 DIGIT ACCOUNT NUMBER	
Payee F	Processing Instructions	Enter as TRANSIT No.		Enter as ACCOUNT No.	
ADDRESS					
CITY		PROVINCE		POSTAL CODE	
I authorize the the Jewish Found	ation of Manitoba to initiate deposit ar			sitution as indicated above.	
	This authorization will remain in effec	ct until I revoke it in writ	ing .		
Authorized By					
	/				
SIGNATURE(S)			DATE		
	1				
PRINTED NAME		_			
	1				