

ELECTRONIC FUNDS TRANSFER (EFT) REQUEST

PLEASE IDENTIFY THE PURPOSE FOR THIS APPLICATION:

Charitable Organization Liquor Agent/Supplier Other (specify): _____

Is this a change to an existing account? Yes No

For Liquor Agent/Supplier, please provide Payee #: _____

PAYEE INFORMATION

Contact Person Name: _____

Payee Name: _____

Organization Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

FINANCIAL INFORMATION – Electronic Funds Transfer is only available for Canadian Bank Accounts

Name of Financial Institution: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Fax: _____

IMPORTANT:

Charitable Organizations – email completed form to gaming.licensing@aglc.ca

Otherwise – email completed form to AP@aglc.ca or send to AGLC, Accounts Payable, 50 Corriveau Avenue, St. Albert AB T8N 3T5

THIS FORM MUST BE ACCOMPANIED WITH A COPY OF A VOIDED CHEQUE OR A BANK ACCOUNT VERIFICATION LETTER ON BANK LETTERHEAD.

I am authorized to sign on behalf of the Payee and direct payment to be made to the account at the financial institution specified on this form. For Charitable Organizations, this must be the President OR Treasurer of the organization.

Printed Name _____ Title _____

Signature _____ Date _____ Phone Number _____

AGLC USE ONLY

Originating Department _____ Printed Name _____ Date _____ JDE Number _____
Casino Name _____ Event Date _____

A privacy statement for the collection of personal information may be found at www.aglc.ca.