

Submit

Clear

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Electronic Funds Transfer (EFT) Request

Please identify the purpose for this application

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

Is this a change to an existing account? Yes No

For Liquor Agent/Supplier, please provide Payee #:

Payee Information

Full Name: (Please print)

Street Address

City/Town

Province

Postal Code

Telephone:

Email*:

Contact Person:

Website:

** will be used for electronic payment remittance (not applicable for Liquor Agent/Supplier)*

Financial Information - Electronic Funds Transfer is only available for Canadian Bank Accounts

Name of Financial Institution

Street Address

City/Town

Province

Postal Code

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 and/or Treasurer of the organization.

Printed Name

Title

Signature

Date

AGLC use only

Originating Department

Printed Name

Date

JDE Number

Casino Name

Event Date

IMPORTANT:

Charitable Organizations – e-mail completed form to gaming.licensing@aglc.ca

Other Applicants – e-mail completed form to vendormaintenance@aglc.ca OR send to AGLC, Vendor Maintenance, 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.

PROTECTION OF PRIVACY

The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and *Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the administration of all policies and processes relating to Charitable Gaming Licensing. Direct any questions about this collection to:

AGLC FOIP Coordinator,
50 Corriveau Avenue,
St. Albert, AB T8N 3T5

780-447-8600 or
toll free at 1-800-272-8876.