

Electronic Funds Transfer (EFT) Request Form

Please Identi	ify the Purpose	tor this Appl	lication					
Charitable Organization		Liquor Agent/Supplier Pa		yee#		Vendor		
Cannabis LP		Cannabis Retailer Lic		ence#		Other	Other	
Request for:	New Account S	Setup Char	nge to Existing Ac	ccount				
Legal Name a	and Mailing Ad	dress						
Legal Name/Individual Name (Surname, First Name)				If applicable, Operating As Care Of				
Street Address				City		Province/State	Postal/ZIP Code	
Country	Telephone		Fax	Email (for paymen		t remittance statement)		
Contact Person	1				I			
Financial Inf	ormation – Electr	onic Funds Transfe	r is only available fo	or Canadian B	ank Accounts			
Name of Financial								
Street Address				City		Province	Postal Code	
IMPORTANT								
Charitable C	Drganizations – e	email complete	ed form to gam	ing.licensir	ıg@aglc.ca			
Other Applicants - email completed form to vendormaintenance@aglc.ca OR send to AGLC, Vendor Maintenance, 50 Corriveau Avenue, St. Albert AB T8N 3T5								
	MUST BE ACCO ROVED OR STAI				IEQUE OR A BANK /	ACCOUNT VERI	FICATION	
	pecified on this				be made to the ac must the President			
Printed Name		Title	e		Signature	Date		





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Continued

AGLC Use Only							
Originating Department	Printed Name	AB Number	Date				
Casino Name	Event Date						

Privacy Statement

The personal information provided on this form is collected under the authority of section 33(c) of *Alberta's Freedom of Information and Protection of Privacy (FOIP) Act.* The information is strictly for the use of the AGLC (Alberta Gaming, Liquor and Cannabis Commission) and is intended to be used for the purpose of processing deposit payments into the account you specify. The personal information you provide is managed according to AGLC's retention and disposition policies and Part 2 of the *FOIP Act* under which you have a right of access to your personal information.

If you have any questions about the collection or use of this information, please contact: vendormaintenance@aglc.ca.

