



ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

E-MAIL ADDRESS

PHONE NUMBER

BANK NAME

BANK NUMBER

TRANSIT NUMBER

ACCOUNT NUMBER

NOTE: A VOID CHEQUE OR DIRECT DEPOSIT FORM MUST BE PROVIDED
(Please scan and send with your submission of the EFT Authorization Form)

AUTHORIZING SIGNATURE: By signing this document you are authorizing Electronic Funds Transfer Payments from Barrie Women's Hockey Association for Officials (Referee and / or Timekeeper) Fees to be sent to the above account.

NAME

SIGNATURE

DATE

RETURN BY EMAIL TO:

treasurer@bwha.ca
accounting@bwha.ca

OR

DROP OFF OR MAIL TO:

Barrie Women's Hockey Association
Attention: Treasurer & Accountant
1 Saunders Road, Unit# 5
Barrie, Ontario, L4N 9A7