

LACROSSE.CA HOUSE OF SPORT, RA CENTRE 2451 RIVERSIDE DRIVE OTTAWA, ON KIH 7X7

ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM

Use this form to set up electronic payment of expense claims from Lacrosse Canada direct to your bank nt. Please complete the relevant sections, below and return the form along with a void ch

| BANK ACCOUNT INFORMAT | TION |
|---|--------------------------------------|
| Transit Number: | Account Number: |
| | |
| PAY TO THE ORDER OF | |
| YOUR FINACIAL INSTITUTION YOUR ADDRESS CITY DROWNESS DOESN'T CODE | |
| 000-000-000 | |
| | u L 5C m 28 |
| | " L S G III 7 B ount Number |
| | Transit Number: PAY TO THE ORDER OF |

ase note you will not receive automatic notice when a deposit is made into your account. If you have any questions regarding a deposit that is made, please contact admin@lacrosse.ca

Please send completed form to admin@lacrosse.ca OR House of Sport, 2451 Riverside Dr Ottawa ON K1H 7X7

I hereby give permission for Lacrosse Canada / Crosse Canada to make deposits directly into the above noted account.

| Account holder's signature | Date |
|----------------------------|------|
|----------------------------|------|