



ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM

Use this form to set up electronic payment of expense claims from Lacrosse Canada direct to your bank account. Please complete the relevant sections below and return the form along with a void cheque or bankstamped pre-authorized payment form. Payments will appear as "LACROSSE CANADA / CROSSE CANADA" on your bank statement.

NAME:

BANK ACCOUNT INFORMATION

Institution Number:

Transit Number:

Account Number:

PAY TO THE ORDER OF _____

YOUR FINANCIAL INSTITUTION
YOUR ADDRESS
CITY, PROVINCE, POSTAL CODE
000-000-000

MEMO _____

⑈ 6 2 4 4 ⑈ ⑈ 1 2 3 4 5 ⑈ 6 7 8 ⑈ ⑈ 2 3 ⑈ 4 5 6 ⑈ 7 8 ⑈

Check No. Branch Code (Transit No.) Bank Code (Institution No.) Account Number

Please 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 102-360 King St W Oshawa, Ontario L1J 2J9

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

Account holder's signature :

Date: