



**LACROSSE CANADA  
CROSSE CANADA**

INFO@LACROSSE.CA  
LACROSSE.CA  
18 RUE LOUISA STREET, SUITE 310  
OTTAWA, ON K1R 6Y6

## 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 bank-stamped 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 \_\_\_\_\_

⑈ 6 244 ⑈    ⑈ 2345 ⑈ 678 ⑈    ⑈ 2345678 ⑈

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

**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 [ashley@lacrosse.ca](mailto:ashley@lacrosse.ca)**

Please send completed form AND a void cheque or bank stamped pre-authorized payment form (scans are acceptable) to [ashley@lacrosse.ca](mailto:ashley@lacrosse.ca) OR 310-18 Louisa St, Ottawa ON K1R 6Y6

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

Account holder's signature

Date