



REQUEST FOR ELECTRONIC FUNDS TRANSFER FORM

Kindly use this as your authority to settle all invoices submitted via transfer of funds to bank account provided below:

Supplier Name: _____

Address: _____

Telephone #s: Mobile _____ Office: _____

Email Address (*for notification of payment*): _____

Name of Bank: _____ Branch: _____

Name on Bank Account: _____

Bank Account Number: _____

Account Type (*savings/current*): _____

Name of Authorizing Officer: _____

Position of Authorizing Officer: _____

Signature of Authorizing Officer: _____

Date of Request: _____ Company Stamp:

Suppliers that are not operating as a company should provide a copy of their drivers licence or other acceptable method of identification.

I/We confirm that the above information was verified by me/us. I/We confirm that we will be bound by the information we have provided.

FOR INTERNAL USE ONLY

Manager's Signature: _____

Unit Stamp:

Date: _____

Supplier #: _____