

EFT Information Form

To be completed and signed by the Municipality for entry into the DocuPet Inc. financial system.



Partner Information

Partner Name

Street Number

Street Name

City

Province

Postal Code

Contact Information

Name

Email Address

Bank Information

Name on Bank Account

Institution Name

Institution Address

Financial Institution #

Branch #

Account #

Email Address(es) to receive monthly remittance invoices:

I/we authorize DocuPet Inc. to send invoice payments electronically.

Municipal Representative Name

Municipal Representative Signature