



# Electronic Payment Request Form

**Please ensure form is fully completed and signed and return to:**

Metis Nation–Saskatchewan  
Suite 201, 208 – 19th Street West  
Saskatoon, SK S7M 5X8  
Email: [cwolfe@mns.work](mailto:cwolfe@mns.work)

Company/Individual Name: \_\_\_\_\_

Company/Individual Address: \_\_\_\_\_  
\_\_\_\_\_

EFT Remittance Email Address: \_\_\_\_\_  
*(email address required for electronic payment notification. Please print clearly)*

## FINANCIAL INSTITUTION INFORMATION:

*(Please attach a VOID cheque and/or Direct Deposit form from your Bank)*

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Institution Code: \_\_\_\_\_ *(3 or 4 Digit Number)*

Transit/Branch #: \_\_\_\_\_ *(5 Digit Number)*

Account #: \_\_\_\_\_

I hereby authorize Metis Nation–Saskatchewan to make electronic funds transfers to the bank account specified above for the named Company/Individual for payment of goods and/or services. I hereby certify that I am duly authorized to sign this Electronic Payment Request Form on behalf of said Company/Individual.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name/Title (please print)

