



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: healthprograms@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)

