



230 Brownlow Avenue, Suite 300  
Dartmouth, Nova Scotia  
Canada B3B 0G5  
[efficiencyone.com](http://efficiencyone.com)  
T +1 902 470 3500  
F +1 902 470 3599

## Request for Customer EFT Information

| EFT Action Requested   |        |        |
|--|--------|--------|
| Start  | Change | Cancel |
| Void cheque required (Please attach a void Cheque or Direct Deposit form with the Organization Name) |        |        |

| Customer Information |
|----------------------|
| CUSTOMER NAME:       |
| CUSTOMER ADDRESS:    |

| CUSTOMER Contact Information |
|------------------------------|
| PRIMARY EFT CONTACT NAME:    |
| E-MAIL ADDRESS:              |
| PHONE NUMBER:                |
| FAX NUMBER:                  |

| Financial Institution Information      |
|--|
| FINANCIAL INSTITUTION NAME:            |
| ADDRESS:                               |
| ACCOUNT TITLE: (ACCOUNT HOLDER'S NAME) |
| TRANSIT NUMBER: (5 DIGITS)             |
| INSTITUTION ID: (3 DIGITS)             |
| ACCOUNT NUMBER:                        |

| Customer Authorization                  |
|---|
| SIGNATURE OF AUTHORIZED ACCOUNT HOLDER: |
| DATE:                                   |

## Instructions for Completing 'Request for Customer EFT Information' Form

1. **EFT Action Requested Section:** Place an "X" in the appropriate box to indicate if you are requesting to start EFT, change your current EFT information on file with EfficiencyOne, or cancel (discontinue) receiving payments via EFT. If submitting a void cheque or Direct Deposit Form, the Customer Authorization section **MUST** be completed.
2. **Customer Contact Information:** Provide the name, e-mail, phone and fax number of the individual who will be the primary EFT contact. EFT notifications will be sent electronically to the email provided.
3. **Financial Institution Information:** The information provided by the customer in this section will determine to which financial institution and account EfficiencyOne directs payments. The check image below should aid in gathering financial information to complete this form.
  - 1) **Financial Institution Name** – Provide the name of the financial institution to which payments are to be directed.
  - 2) **Address** – Provide the full address of the financial institution to which payments are to be directed.
  - 3) **Account Title** – Provide the depositor's name (account holder's name) on the account to which payments are to be directed.
  - 4) **Transit Number** – A bank identifier sometimes called Branch Number. Always found at the bottom of your cheque. This number is 5 digits long.
  - 5) **Institution ID** – Bank number, always found at the bottom of your cheque. This number is 3 digits long
  - 6) **Account Number** – Your bank account number at your financial institution. There is no fixed number of digits, account numbers vary in length from bank to bank.

1001

DATE D D M M Y Y Y Y

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

/100 DOLLARS

**Your Bank**  
200 Finance Avenue  
Your City, Your Province A1B 2C3

MEMO \_\_\_\_\_ PER \_\_\_\_\_

⑈01001⑈ ⑈12345⑈ ⑈678⑈ ⑈123456789⑈

Cheque Number Transit Number Bank Number Account Number

4. **Customer Authorization:** Proper authorization must be provided by an authorized official in order for EfficiencyOne to process the EFT Request form. The authorized account holder should sign and date the form.
5. Once the form is complete, please return by the following method:
  - o Email: [apayable@efficiencyns.ca](mailto:apayable@efficiencyns.ca)