



ELECTRONIC PAYMENT SERVICE ACCELERATED PAYMENT ENROLMENT FORM

PLEASE INDICATE YOUR ACCOUNT NUMBER (100)

COMPANY NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

TELEPHONE

CONTACT NAME

EMAIL

SIGNATURE

DATE

ACCOUNT PROFILE UPDATE

PLEASE UPDATE MY BANKING INFORMATION

BANK INFORMATION (PLEASE PROVIDE A VOID CHEQUE)

FINANCIAL INSTITUTION

INSTITUTION NUMBER

BRANCH NUMBER

ACCOUNT NUMBER

PLEASE RETURN YOUR FORM DULY COMPLETED AND SIGNED WITH YOUR VOID CHEQUE:

EMAIL: PIPELINECOMMERCIAL@PARKLAND.CA

MAIL: CUSTOMER SERVICE, 2 GURDWARA RD, SUITE 400, OTTAWA, ONTARIO, K2E 1A2

FAX: 613-727-262