# BGIS

## **Electronic Funds Transfer Consent Form**

I hereby consent and give BGIS Global Integrated Solutions (BGIS) the authorization to use the attached banking information to process an electronic payment directly to my organization's bank account. I understand the information will be kept confidential and not used for any other purpose. I also agree to update BGIS Global Integrated Solutions (BGIS) should any of the banking information below change.

Instructions: Please complete Part One and Part Two.

#### Part One – Remittance information

Supplier Legal Company Name	
Supplier Company Address	
Print Name and Title of Signing Authority	
Email and Phone number	
Authorized Signature	

Please provide an email address below to receive your payment details. It is highly recommended that you provide a general contact email.

#### **Email address for Remittance Advice:**

#### Part Two – Payment information

Please complete the following information and attach a copy of void cheque or bank letter: Name of Financial Institution

#### BANK ACCOUNT INFORMATION: CAD\$ BANK ACCOUNT #

Bank	Code
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Transit Code

Account Number

<b>USD\$ BANK ACCO</b>	UNT #			AC	I RO	UTIN	IG #	ŧ							
UK GBP£ / EUR€ B	ANK ACCO	UNT #													
Sort Code	Account Nu	mber													
IBAN NUMBER															
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### **EFT Security Questionnaire**

In order to **protect your company**, BGIS would like to make sure that this request was authorized by your company. Please also complete the form below and answer the security questions below to validate the request. Please be advised that if you are not the supplier contact in our system of records, we will also be validating this information with the supplier contact in our system. **Thank you for your co-operation**!

#### Security Questions

Please provide your Company Tax Registration Number / Taxpayer Identification Number	
Does the Person who completed the EFT Bank Setup Form work for the company?	Yes No
Is the Person who signed the EFT Bank Setup Form authorized to consent for EFT setup for your company?	Yes No
Please provide any Invoice Number, Date, and Amount issued by your	Invoice Number:
Company to BGIS previously (if applicable).	Invoice Date:
	Invoice Amount:
Please provide any Payment Number, Date (cheque), and Amount issued by	Number:
BGIS to your Company previously (if applicable)	Date:
	Amount:
Please provide details of the person who completed this form	Name:
	Title:
	Email:
	Phone:
	Date:

Please email your completed consent form and "Void Cheque" to EFT@bgis.com.

Document #:	CORP-FIN-10777-en	Revision #:	12

Page 2 of 2

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