



ELECTRONIC FUNDS TRANSFER (EFT) FORM

To receive Supplier Invoice Payments made by Campus Alberta Unified Services (CAUS) institution members

Complete ALL FIELDS below, attach a void personalized cheque and send to either CAUS Institution:

University of Alberta
Supply Management Services
116 Street 85 Avenue NW
Edmonton AB Canada T6G 2R3

Olds College
Business Services, DMP Room 140
4500 - 50 Street
Olds AB Canada T4H 1R6

Fax: 780-492-0607, Attn: Payment Services
Email: customerservice@sms.ualberta.ca

Fax: 403-556-4737, Attn: Sherry Jones
Email: EFT@oldscollege.ca

By completing and submitting this form you agree that your banking information will be used by either or both CAUS institutions for the purpose of automatically depositing Canadian dollar invoice payments directly to your account.

University of Alberta remittance statements will be emailed to you from travel.expense@ualberta.ca.

Olds College remittance statements will be emailed from EFT@oldscollege.ca. Please ensure these email addresses are added to your list of contacts or save centres.

Supplier/Contractor Information: Vendor ID (internal use only) _____

Full Legal Company Name/Name of Contractor: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address (for remittance statements): _____ Telephone: _____

Printed Name of Company Contact: _____ Signature: _____

Date: _____

Supplier Bank Information: Complete the information and attach a void personalized cheque or direct deposit form issued by your recognized Canadian financial institution.

Name of Bank: _____ [View cheque example](#)

Address of Bank: _____

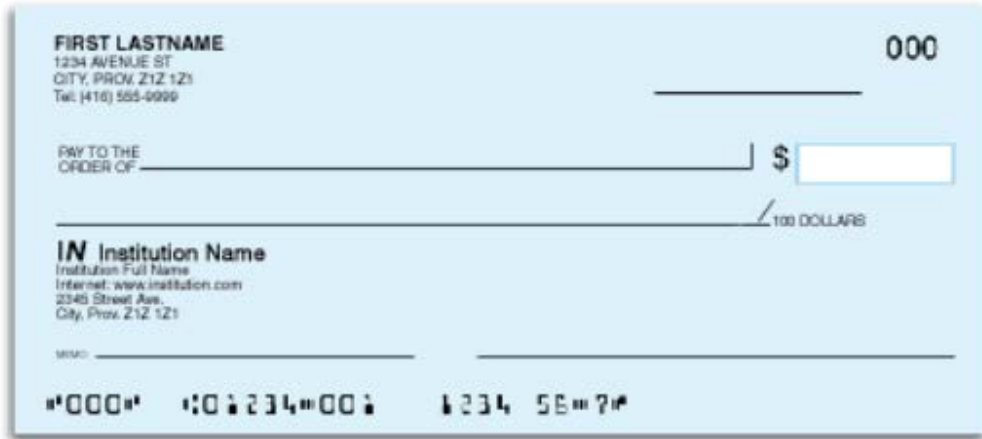
Institution #: _____ Bank/Transit #: _____ Account #: _____

The personal information on this form is collected for the purpose of electronically transferring funds to your financial institution account. The personal information collected will be used and disclosed in compliance with Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. For further information, call 780-492-6849 or 403-507-7912.

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Example of a Canadian Cheque



FIRST LASTNAME 000
1234 AVENUE ST
CITY, PROV. Z1Z 1Z1
Tel: (416) 555-0000

PAY TO THE ORDER OF _____ \$
/100 DOLLARS

IN Institution Name
Institution Full Name
Internet: www.institution.com
2345 Street Ave.
City, Prov. Z1Z 1Z1

SWIFT: _____

⑈000⑈ ⑆0⑆234⑈00⑆ ⑆234 56⑈7⑈

