

Title:

## **EFT Bank Information Update Form**

Please complete this form so that all future payments to your organization may be made by electronic funds transfer to your company bank account. **Please note that an e-mail address is required for deposit notification purposes.** The deposit notification includes reference to the invoice number(s) and amount(s) being paid.

The completed form should be forwarded to the attention of Administration at:

130 Queen Street West

LiRN Inc.

Toronto, ON M5H 2N6

or
admin@lirn.ca

Payee Name:

Address:

Acc'ts Receivable Contact:

Phone #:

E-mail Address:

(Notification of payment will be sent to e-mail address listed above)

Bank Information:

Attach copy of a "Void cheque" OR a "Request for Payment by Direct Deposit" form from your financial institution

Authorized Signature:
(Signing Officer)

Name: