



## VON Electronic Payment Authorization Form

### Client or Service Provider Information

Name			
Address	City	Province	Postal Code
Business Contact Name (if applicable)	Phone		Fax
Email Address			

### Banking Information

Bank Name and Address	Institution # (3 digits)
Transit # (5 Digits)	Account #

**A void cheque or bank form to ensure accuracy is required. Thank you.**

### Client or Service Provider Authorization

Name (please print)	Company Title (if applicable)
Signature	Date

Please note that it is your responsibility to inform VON Canada of any changes to your banking information.

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