



Electronic Funds Transfer (EFT) Form

AF5106-C
03/2018

To allow electronic funds to be transferred, provide the following information:

Name:	Phone:
Address:	Email:
	SIN # (Award & Honorarium Payments only):

Banking Information

Bank #:
Transit #:
Account #:

Attach a VOID cheque to your scan and email to:
Accounts Payable at: acctspay@rockyview.ab.ca
Information: 403-945-4041

Blank Cheque

Reference:

- AP5106 Financial Accountability and Audits