



Saskatchewan Federation of Labour
 220-2445 13th AVE
 REGINA SK S4P 0W1

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 W: www.sfl.sk.ca
 E: sfl@sfl.sk.ca

Direct Deposit Authorization

New:

Change:

Contact Information: (print clearly)

Payable to: _____
 Vendor/Supplier/Member: full name

Complete Address: _____
 Suite/Apartment Street

 City Prov Postal Code

Payment Confirmation Email: (must complete) _____

Bank Information, if a void cheque or statement from the bank is not available:

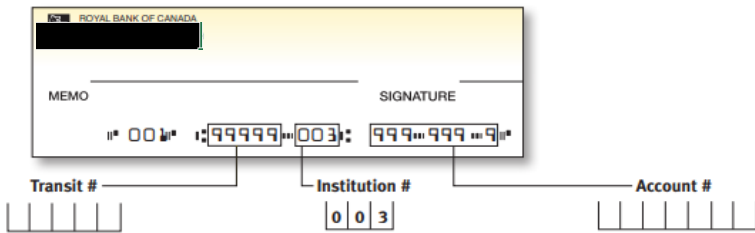
Bank Name and Address _____

Account Type: Chequing, Savings or other

Account Information:

0			
	Institution/Route# (3 digits)	Transit# (5 digits)	Account # (Bank 7 digits or Credit Union 12 digits)

OR Check the following box if a blank cheque is attached:



SFL Office Use Only:
 Date rec'd stamp:

 Entered by: _____
 Vendor # : _____

Authorization of Electronic Funds Transfer Payments (EFT)

Please sign below to authorize the SFL to deposit by electronic fund transfer, payments for invoices/expense claims and any other moneys owing from the SFL directly into the account listed above.

Authorized Signature: _____

Title/Position: _____

Print Name: _____

Date: _____

Email/Scan completed form to:

payment@sfl.sk.ca