



Electronic Funds Transfer Consent Form

I hereby consent and give BGIS Global Integrated Solutions (BGIS) the authorization to use the attached banking information to process an electronic payment directly to my organization’s bank account. I understand the information will be kept confidential and not used for any other purpose. I also agree to update BGIS Global Integrated Solutions (BGIS) should any of the banking information below change.

Instructions: Please complete **Part One** and **Part Two**.

Part One – Remittance information

Supplier Legal Company Name	
Supplier Company Address	
Supplier/Contact Name	
Print Name and Title of Signing Authority	
Phone number and extension	
Authorized Signature	

Please provide an email address below to receive your payment details. It is highly recommended that you provide a generic contact to ensure that the information is received.

Email address for Remittance Advice: _____

Part Two – Payment information

To ensure the accuracy of our account information, you must attach/fax a void cheque and complete the following:

Name of Financial Institution	
Address of Financial Institution	

BANK ACCOUNT INFORMATION:

CAD\$ BANK ACCOUNT

<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Code (4 digits)	Transit Number (5 digits)	Account Number (Maximum 12 digits)

USD\$ BANK ACCOUNT

ACH ROUTING

Please send your completed form and “Void Cheque” to

BGIS Global Integrated Solutions (BGIS)
Financial Shared Services Department
PO Box 4800 Markham, ON,
L3R 0J2
OR Email at EFT@bgis.com



EFT Security Questionnaire

In order to **protect your company**, BGIS would like to make sure that this request was authorized by your company. Please also complete the form below and answer the security questions below to validate the request. Please be advised that if you are not the supplier contact in our system of records, we will also be validating this information with the supplier contact in our system. **Thank you for your co-operation!**

Security Questions

Please provide your Company Tax Registration Number / Taxpayer Identification Number	
Is the Person who completed the EFT bank set up form works for the company?	Yes No
Is the Person who signed the EFT bank set up form is authorized to consent for EFT set up for your company	Yes No
Provide any Invoice Number, Date, and Amount issued by your Company to BGIS previously (if applicable)	Invoice Number: _____
	Invoice Date: _____
	Invoice Amount: _____
Provide any Payment Number, Date (cheque), and Amount issued by BGIS to your Company previously (if applicable)	Number: _____
	Date: _____
	Amount: _____
Please provide details of the person who completed this form	Name: _____
	Title: _____
	Email: _____
	Phone: _____
	Date: _____