

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.

art	One – R	emitta	ance ir	nforma	ition															
	Supplier Legal Company Name																			
	Supplier Company Address																			
	Print Nan Authority		Title of	Signing	3															
	Email and	l Phon	e numb	er																
	Authorize	d Sign	nature																	
ecoi Er	se provionmende	ed tha	t you p or Remi	orovide ttance	e a ger Advice	neral					ayme	ent	ueta	alis.	IT IS	s ni	gni	y		
	Two – P					ation :	and	attac	ch a	conv	v of v	hiov	che	אמוופ	or	han	k le	tter		
	Please complete the following information and attach a copy of void cheque or bank letter: Name of Financial Institution																			
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SD\$	BANK A	ccol	JNT #					ACH	ROL	JTIN	G #									
IK G	BP£ / EU	R€ BA	ANK AC	COUN	T#									L	<u> </u>	L	l			1
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BAN	NUMBER	₹																		
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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	Invoice Number:					
BGIS previously (if applicable)	Invoice Date:					
	Invoice Amount:					
Provide any Payment Number, Date (cheque), and Amount issued by BGIS to	Number:					
your Company previously (if applicable)	Date:					
	Amount:					
Please provide details of the person who completed this form	Name:					
	Title:					
	Email:					
	Phone:					
	Date:					

Please email your completed consent form and "Void Cheque" to EFT@bgis.com.

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