

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.

Supplier Legal Company Name		
Supplier Company Address		
Print Name and Title of Signing Authority		
Email and Phone number		
Authorized Signature		
Please provide an email address below to receive your payment de recommended that you provide a general contact email. Email address for Remittance Advice:	tails. It is highly	
		
Part Two – Payment information		
Please complete the following information and attach a copy of void ch	neque or bank letter:	
Name of Financial Institution		
BANK ACCOUNT INFORMATION: CAD\$ BANK ACCOUNT #		
Sank Code Transit Code Account Number		
JSD\$ BANK ACCOUNT # ACH ROUTING #		
JK GBP£ / EUR€ BANK ACCOUNT #		
Sort Code Account Number		
BAN NUMBER		
BIC CODE		•



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	
Does the Person who completed the EFT Bank Setup Form work for the company?	Yes No
Is the Person who signed the EFT Bank Setup Form authorized to consent for EFT setup for your company?	Yes No
Please provide any Invoice Number, Date, and Amount issued by your	Invoice Number:
Company to BGIS previously (if applicable).	Invoice Date:
аррноамој.	Invoice Amount:
Please provide any Payment Number, Date (cheque), and Amount issued by	Number:
BGIS to your Company previously (if applicable)	Date:
аррноамсу	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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