

EFT AUTHORIZATION FORM

The undersigned hereby authorizes VJV Marketing Group to make future payments due and owing by electronic funds transfer directly into the bank account specified below.

Vendor Information			
Company Name:			
Address:			
City:	Postal Code:		
Telephone#:	Fax#:		
E-Mail Address:			
Financial Institution Info	rmation		
Name:			
Address:		<u>-</u>	
Telephone:			
Branch #: (5 DIGITS)			
Institution #: (3 DIGITS)			
Account #:			
I have authority to bind the corporation.			
Authorized Signature for Vendor:			-
Name (Print):			
Position (Print):			

A void cheque must be included to process payment.