

Electronic Funds Transfer (EFT) - Enrollment Form

This form is to be filled out to receive EFT from the Association of Early Childhood Educators of Alberta (AECEA).

- Complete this form if you have not previously enrolled in the EFT program; or if your banking information has changed.
- If you are requesting changes to your banking information, please allow AECEA fifteen (15) days written notice.
- Complete parts 1-3 and submit this form to AECEA via mail or email (*information provided below*).
- You will be contacted to confirm the information submitted.
- An email when payment is expected to arrive will go out. Payment may take up to 3-5 days from that date.
- If you have any questions, please contact AECEA's office at (780) 421-7544.

Association of Early Childhood Educators of Alberta
320 - 11150 Jasper Ave
Edmonton AB T5K 0C7

Phone: (780) 421-7544
Email: accounting@aecea.ca

PART 1 - RECIPIENT INFORMATION / ACCOUNT HOLDER

Organization's Legal Business Name: _____

Organization's Operating Name: _____

Business Number (BN): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Contact Name and Title: _____

Email address: _____

(An email address is required to receive EFT payments)

Step 2: Bank Account Information:

1. Attach copy of VOID cheque in area below or separate sheet if needed.

PART 3 - AUTHORIZATION

- **By signing below, I confirm I am authorized to provide bank account information on behalf of the organization named in Part 1 of this form.**
- I/we, the undersigned, agree to the collection of my/our personal information by AECEA including my/our bank account details, pursuant to security and privacy procedures as set out by AECEA. This information will be used by AECEA solely for the purpose of issuing electronic payments into my/our bank account.

Print Name & Position	Signature	Contact Telephone	Date (DD/MM/YYYY)