

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM



Grassroots Innovation
Since 1939

To ensure faster, more dependable delivery, Ontario Soil and Crop Improvement Association (OSCIA) has adopted a new system for payment of cost-share incentive program claims that relies on direct deposit via Electronic Funds Transfer (EFT). Your personal information will be held in strict confidence by OSCIA and used only for the purpose of conducting the transaction.

Please make sure the banking information on this EFT Authorization Form **matches** the legal name provided on your Claim Form (PART A). If this information has changed from your previous claim, please submit a new EFT Authorization Form.

SECTION 1 – CONTACT INFORMATION

PLEASE PRINT CLEARLY IN BLOCK LETTERS.

Legal Name of Business or Individual to Receive Payment			
Mailing Address			
City/Town/Village	Province	Postal Code	Contact Phone Number
Email Address for Remittance Advice			

SECTION 2 – BANKING INFORMATION

Please **attach** a blank cheque (marked VOID) or a direct deposit information print-out from your financial institution.

Check the box that applies to the banking information included with this form:

- Void Cheque
 Direct Deposit Print-Out

SECTION 3 – AUTHORIZATION

I (we) hereby authorize Ontario Soil and Crop Improvement Association (OSCIA) to deposit, by electronic funds transfer, cost-share claim payments deemed payable to me/the eligible business I legally represent. OSCIA will deposit the payments into the bank account identified in this form. This authorization agreement is effective as of the date this form is signed and will remain in effect until OSCIA has received notification of its termination. I agree to submit an updated EFT Authorization Form to OSCIA to make any changes to the information provided. I recognize that if I give incomplete information on this form, payments may be delayed.

Authorized Signature: _____

Date: _____

SUBMIT THIS FORM AND SUPPORTING DOCUMENTS WITH YOUR COST-SHARE CLAIM.

OFFICE USE ONLY	Transit No:	Institution ID:	Account No.
	Input Date:	Entered By:	Operation ID: