THE MUNICIPALITY OF KINCARDINE
great energy. balanced life.

EFT Authorization Form

Please fill out the form below to receive payments by direct deposit. You will receive an email notification 1-2 business days prior to receiving your payment.

(Leave Blank) Vendor #: _____

Name:	
Address:	
Phone Number:	
Remittance Email Address:	
Name of Financial Institution:	
Address:	
Transit Number: (5 Digits)	
Institution Number: (3 Digits)	
Account Number:	

****Please attach a void cheque****

The Municipality of Kincardine is hereby authorized and requested to credit payments due to my account with the financial institution designated above until cancelled by me in writing.

Signature: _____ Date: _____

** If you do not have a chequing account, a slip from your bank showing your savings account information can be attached to the form. Your bank branch can assist you in completing the account information.*

Personal information is collected under the authority of the Municipal Act, 2001 for the purposes of creating a record to be used for the purpose of accounts payable, direct deposit payments. Questions about the collection of personal information may be addressed to the Clerk of the Municipality of Kincardine, 1475 Concession 5, R.R. 5 Kincardine ON N2Z 2X6 Phone: 519-396-3468.