



The Oppenheimer Group
 Suite 101 - 11 Burbidge St, Coquitlam, BC V3K 7B2
 Tel: (604) 461-6779 Fax: (604) 468-4780
 E-mail: VendorEFT@Oppy.com

ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM & AGREEMENT

<input type="checkbox"/> NEW SETUP/UPDATE	<input type="checkbox"/> CANCELLATION
---	---------------------------------------

In order to accept EFT payments, complete and return this agreement by either e-mail (VendorEFT@Oppy.com) or mail to the above noted address.

SUPPLIER INFORMATION	
Legal Name	
*Remit to Name, if different	
Remit to Address: Street/City/Province/Postal Code	
Contact Name	
Contact Phone Number	
Contact E-mail Address	
Email Payment Notification to	
BANKING INFORMATION	
Bank Name	
Bank Address: Street/City/Province/Postal Code	
Institution Number (3 digits)	
Bank Transit Number (5 digits)	
ABA Routing Number	
Bank Account Number	
Bank Account – Company Name	
AUTHORIZATION & ACKNOWLEDGMENT	
<p><i>We hereby certify the accuracy of the above noted information and authorize The Oppenheimer Group to direct payments electronically to the bank account specified above. We acknowledge that the origination of EFT transactions to our account must comply with the provisions of Canadian Law. This authorization agreement is effective as of the effective date below and is to remain in full force and effect until The Oppenheimer Group has received notification of its change of information or termination. We agree to submit an updated EFT Authorization Agreement Form to The Oppenheimer Group for the cancellation of this agreement or to make any changes to the information provided within this agreement that is prudent to process an effective EFT payment.</i></p> <p><i>The Oppenheimer Group reserves the right, at its sole discretion, to cease providing EFT payments to the Supplier at any time and may revert back to cheque payments, without the prior consent of the Supplier and without liability, warning, notification, or compensation to the Supplier for such change.</i></p> <p><i>The individually identifiable and financial information on this form collected by The Oppenheimer Group is used only for the purpose of payment of supplier invoices.</i></p> <p><i>I certify that I have the authority to authorize this EFT Authorization Agreement on behalf of the noted Supplier.</i></p>	
Print Name:	Signed Authorization:
Title:	Date:

Please note the above authorization & acknowledgment should be signed by either Accounting Manager, Controller, Director of Finance or CFO.

*Please provide a pre-printed **void cheque** or a **signed letter** from your financial institution for backup.

FOR INTERNAL USE ONLY						
<input type="checkbox"/>	DOA	<input type="checkbox"/>	DOC	<input type="checkbox"/>	DOT	Vendor Code:
<input type="checkbox"/>	CAD	<input type="checkbox"/>	USD			Set up by:
						Initial:
						Validated by:
						Initial:
						Date: