



Customer Request for EFT Payment

Please return completed form by email to mack@rosendalefarms.com

Deposit Enrolment Information

Farm Name: _____

Contact Name: _____

Address: _____

City: _____ Postal Code: _____ Phone: _____

Email address (for settlement details): _____

Direct Deposit Authorization

I hereby authorize Rosendale Farms Ltd. to initiate direct deposits to my account at the financial institution named below.

Further, I agree not to hold Rosendale Farms Ltd. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds into my account.

This authority will remain in effect until Rosendale Farms Ltd. or my financial institution receives a written notice of cancellation from me, or until I submit a new direct deposit form.

Bank Account Information

Name of Financial Institution: _____

Address: _____

Branch Number (5 digit): _____ Institution Number (3 digit): _____

Account Number (max 12 digit): _____

Authorization

Authorized Signature: _____ Date: _____

***** Please attach a void cheque and return this form *****