

EFT Enrolment Form

Date:	
Attention: Accounting Department C/O: Sales Support	
Re: Dealership Authorization for Electronic Fund	s Transfer
This letter will serve as the dealerships authorizat deposit funds into our business account for purch	
Dealership's Full Legal Name as presented on Cor	poration Registration
I confirm that the attached Void Cheque represer directed.	nts the account into which funds should be
Signed By: Authorized Signatory	
Print Name: Authorized Signatory	
Confirmation of the EFT fund transfer to this acc with 1 to 4 email addresses. *Please note that E	-
Email 1 (Dealer Principal or General Manager)	Email 2 (Accounting Manager/Controller)
Email 3 (Optional – Other)	Email 4 (Optional – Other)