



**Swordfern Management Ltd.
Electronic Funds Transfer (EFT) Vendor Payment Form**

Instructions: Please complete all sections and return completed form to Swordfern Management Ltd. via mail (5831 Cedarbridge Way, Richmond BC V6X 2A8), fax: (604-273-6474) or email (ap@swordfernmanagement.com).

Vendor Information (Please type or print clearly)

Business Name:
Mailing Address:
Telephone:
Email Address for Remittance Notification:

Vendor Financial Institution/Banking Information (Please type or print clearly)

Please fill out your bank account information and attach a cheque copy (if applicable).

Transit Number (5 Digits) Institution Number (3 Digits) Account Number

Name of Account Holder: _____ Title (if applicable): _____

Name of Financial Institution: _____ Branch Address: _____

Please notify our office as soon as possible if there are any changes to your banking information.

Authorization:

Authorized Signing Officer Name (Please print) Title Date Signed

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