

**Inland Technologies Canada Inc.**

**1 Commercial St. Suite 201 · Truro · NS · B2N 3H8**

**EFT/ACH ENROLLMENT/CHANGE AUTHORIZATION FORM**

Below named Supplier hereby authorizes Inland Technologies Canada Inc. to originate electronic funds transfer (EFT) credit entries to Supplier's account, as indicated below, for payment/reimbursement of goods and/or services. In the event of any duplicate payment, overpayment, fraudulent payment or payment made in error, the receiving party will immediately return such payment upon confirming the occurrence of any of the foregoing.

**Supplier Information**

Company Name			
Address		City	Province   Postal
Accounting/EFT-ACH Contact Name		Title/Position	Phone
Email Address for Remittance Advice (** <u>Required</u> **)			Tax ID (EIN OR SSN)

**\*\*\*All US vendors are required to provide a W-9 on the most current IRS form to support their tax identification number.**

**EFT/ACH Details**

**Account Information**

Name of Financial Institution	Name on Bank Account	
Address of Financial Institution	Institution#	Transit #
City/Province/Postal	Bank Account #	

**\*\*\*Submit a copy of a voided check with this form.**

Supplier Authorization:

Authorized Name/Title

Authorized Signature

Date

**Signature Authorizing EFT/ACH Enrollment/Change:** By typing your name into the signature field will be considered the act of electronically signing this form. This act authorizes the banking information provided to make payments for goods and services via electronic funds transfer to the account provided.

**Disclaimer:** Electronic mail sent through the internet cannot be considered secure and could be intercepted by a third party. Use of electronic mail to provide information is completely voluntary and the sole risk of the sender. Inland makes no warranty or guarantee that your email transmission will be secure, uninterrupted or error-free and Inland disclaims all warranties of any kind, whether express or implied, regarding such electronic mail use.