



Electronic Funds Transfer Information Form

(all fields are required)

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Cell: _____

EMAIL address: _____

Bank Name: _____

Bank Branch Address: _____

Bank Transit No.: _____

Bank Institution No.: _____

Bank Account No.: _____

Signature: _____ Date: _____

Please attach a void cheque, or photocopy marked void, for the purpose of obtaining correct Name, Bank Code, Transit No. and Account Number.

Please email your EFT Form to our Finance Department at AccountsPayable@ontariosoccer.net.



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