

Electronic Funds Transfer (EFT) Form

Please fully complete the form below along with a VOID check and either scan and email to <u>cmaltby@lifelearn.com</u> or fax to 519-767-1101.

Date:	
Clinic Name(s):	
Address:	
City/Town:	
Province/State:	
Postal Code/ZIP:	
Country:	
Phone Number:	
Alternate Phone Number:	
Financial Institution (FI):	
FI Bank Number:	
FI Account Number:	
FI Routing Number:	
Account Type:	
Address:	
City/Town:	
Province/State:	
Postal Code/ZIP:	
Country:	
Authorized Signature(s)	