

Electronic Funds Transfer (EFT) Authorization Agreement

I/We authorize the Town of Okotoks to make all payments by direct deposit into the specified account on the online EFT form.

I/We are the signing authorities for _____
and have authority to provide the above information on behalf of the
corporation/organization/payee.

Authorized Signature: _____

Printed Name: _____

Title: _____

Phone number: _____ Date: _____

Authorized Signature: _____

Printed Name: _____

Title: _____

Phone number: _____ Date: _____