



Town of Tillsonburg
Finance Department
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EFT AUTHORIZATION FORM

Company / Individual's Name:

Address:

Contact Name:

Contact Phone Number:

**Remittance Email
Address:**

Name of Financial
Institution:

Address:

Institution Number: _____
Transit Number: _____
Account Number: _____

Authorized Signature(s):

Print Name/Title:

Date: _____

PLEASE ATTACH A VOID CHEQUE

Mail, fax or e-mail to payables@tillsonburg.ca