



OFFICIALS - EFT - ELECTRONIC FUNDS TRANSFER FORM

Payee Information(official being paid):

Payor Name: _____
Address: _____
City: _____ Province _____ Postal Code: _____
Email Address: _____ Phone #: (____) _____
Signature: _____

Payee Financial Institution/Banking Information:

Name of Financial Institution _____
Branch: _____
Branch Address: _____ Province: _____ Postal Code: _____

| Branch Number | Institution # | Account Number |
|---------------|---------------|----------------|
| | | |

Account Type
(Please check only one)

Chequing

Savings

Payor Information:

WEST KELOWNA MINOR HOCKEY ASSOCIATION

2760 Cameron Road

West Kelowna, B.C. V1Z 2T6

Telephone: 250.769.1543/Fax: 250.769.4543

Email: westkelownaminorhockey@shaw.ca

Website: www.westkelownaminorhockey.com

Attach VOID CHEQUE HERE