



Electronic Funds Transfer / Company Information

Name _____

Address _____

City & Province _____

Postal Code _____

PAYMENTS TO BE DIRECTED TO:

Bank Name: _____

Bank Transit: ____ Bank: ____

Account No.: _____

Notification Email: _____

Bank info applicable to all payment sites: ☐ Yes ☐ No

****PLEASE ATTACH A VOID CHEQUE****

AUTHORIZATION:

Authorized Signature: _____

Date: _____

Name & Title _____

FORWARD COMPLETED FORM TO:

Municipality of Middlesex Centre – Accounts Payable

- By mail: 10227 Ilderton Rd, Ilderton ON N0M 2A0
- By fax: 519-666-0271
- By email: apinvoice@middlesexcentre.ca