



Alberta School Employee Benefit Plan is able to provide electronic fund transfer (EFT) service for invoice payment rather than paper cheque. If you would like this service please complete this form.

Authorization Agreement

I hereby authorize **Alberta School Employee Benefit Plan** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **Alberta School Employee Benefit Plan** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Alberta School Employee Benefit Plan** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounts Payable Department.

Information about your Organization

Company Name: _____
Contact Person: _____
Contact Phone #: _____
E-mail Address: _____

Signature

Authorized Signature: _____ Date: _____

Please attach a voided cheque from your bank and return with this form by fax (Attn: Accounts Payable) or e-mail.

F: 780-438-5304 E-mail: accountspayable@asebp.ca

A remittance statement will be e-mailed to the account indicated above prior to monies being deposited into your bank account.