

Pre-Approved Deposit Information

Date: _____
Company Name: _____
Full Mailing Address: _____

Contact Name: _____
Phone Number: _____
E-mail Address: _____

This e-mail will receive notifications of EFT from Innovation PEI.

Client Banking Information

To be completed when a void cheque is not available.

Account Name: _____
Financial Institution: _____
Branch Address: _____

Financial Institution
Number (3 digits): _____
Transit Number (5 digits): _____
Account Number: _____

The execution of this form authorizes Innovation PEI (the "Company") to send credit entries electronically to the account (the "Account") indicated above. This form authorizes the financial institution holding the Account to post all such entries. This authorization will be in effect until Innovation PEI receives a written termination notice from the account holder and has a reasonable opportunity to act on it.

The undersigned account holder(s) certify the information provided is correct.

Authorization Signature: _____
Title/Position: _____

Return to: Innovation PEI
Attn.: Karen Hill or kahill@gov.pe.ca
94 Euston St., PO Box 910
Charlottetown, PE C1A 7L9

Innovation PEI USE ONLY

Posted:
Contact Email: