

Authorization Form for Electronic Funds Transfer

Please fill out the below and return to grants@mississaugafoundation.ca along with a VOID cheque.

Registered Charity Name	
Registration #	
Legal Name (Payable to:)	
Address	
Phone #	
Contact Name, Title ,Phone Number	
Email	
Name, Phone number, email and title of the Signing Authority at your organization. If this is the same as Contact above, please indicate	
Date	

Name of Financial Institution	
Address of Financial Institution	
Branch Number (5 digits)	
Bank ID (3 digits)	
Account Number	