



Electronic Funds Transfer Information Form

(all fields are required)

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Cell: _____

EMAIL address: _____

Bank Name: _____

Bank Branch Address: _____

Bank Transit No.: _____

Bank Institution No.: _____

Bank Account No.: _____

Signature: _____ Date: _____

Please attach a void cheque, or photocopy marked void, for the purpose of obtaining correct Name, Bank Code, Transit No. and Account Number.

Please email your EFT Form to Swenya Stalin at Sstalin@ontariosoccer.net.

For further questions, please contact Valentyna Loginova at:
vloginova@ontariosoccer.net or (905) 264-9390 Ext 261



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