



**DORSET
REALTY**
GROUP

DIRECT DEPOSIT (EFT) AUTHORIZATION FORM

This Agreement made
Between: _____ (The Payee)

And: Dorset Realty Group Canada Ltd. In Trust (the Payer)

Whereas the undersigned (the Payee) hereby authorizes The Payer to set up electronic funds transfer for all payment on account to the bank account as designated by The Payee in accordance with the banking information provided in this form.

The Payee will notify The Payer in writing of any changes in account information or termination of this authorization, at least ten (10) business days prior to the next due date of the pre-authorized transfer of funds.

Payee Banking Information:

Payee Name: _____

Financial Institution Name: _____

FI Transit Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(Transit/Branch -5 digits; FI – 3 digits. E.g., 12345-999)

FI Account Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email Address: _____

Please also enclose a copy of your void cheque for reference.

Authorized Signature (Payee)

Please return this form to the attention of:

Electronic Banking
Dorset Realty Group
215 – 10451 Shellbridge Way
Richmond, BC V6X 2W8
Email: general@dorsetrealty.com
Fax: 604-270-8446