

EFT Enrolment Form

Date: _____

**Attention: Accounting Department
C/O: Sales Support**

Re: Dealership Authorization for Electronic Funds Transfer

This letter will serve as the dealerships authorization for Scotia Dealer Advantage to direct deposit funds into our business account for purchased contracts.

Dealership's Full Legal Name as presented on Corporation Registration

I confirm that the attached Void Cheque represents the account into which funds should be directed.

Signed By: Authorized Signatory

Print Name: Authorized Signatory

Confirmation of the EFT fund transfer to this account will be send via Email. Please provide us with 1 to 4 email addresses. *Please note that Email 1 and 2 are required.

Email 1 (Dealer Principal or General Manager)

Email 2 (Accounting Manager/Controller)

Email 3 (Optional – Other)

Email 4 (Optional – Other)

Please Fax this form with a copy of the Dealership's Void Cheque
To Scotia Dealer Advantage
Fax: 1-877-473-3816