



**US DOLLAR ELECTRONIC FUNDS TRANSFER  
(EFT/ACH) FORM**

*To receive US Dollar Invoice Payments made by Campus  
Alberta Unified Services (CAUS) institution members*

**Complete ALL FIELDS below, attach a void personalized cheque and send to either CAUS Institution:**

University of Alberta  
Supply Management Services  
116 Street 85 Avenue NW  
Edmonton AB Canada T6G 2R3

Olds College  
Business Services, DMP Room 140  
4500 - 50 Street  
Olds AB Canada T4H 1R6

Fax: 780-492-0607, Attn: Payment Services  
Email: customerservice@sms.ualberta.ca

Fax: 403-556-4737, Attn: Sherry Jones  
Email: EFT@oldscollege.ca

**By completing and submitting this form you agree that your banking information will be used by either or both CAUS institutions for the purpose of automatically depositing US dollar invoice payments directly to your US based account.**

University of Alberta remittance statements will be emailed to you from [travel.expense@ualberta.ca](mailto:travel.expense@ualberta.ca).

Olds College remittance statements will be emailed from [EFT@oldscollege.ca](mailto:EFT@oldscollege.ca). Please ensure these email addresses are added to your list of contacts or save centres.

**Supplier/Contractor Information:** Vendor ID (internal use only) \_\_\_\_\_

Full Legal Company Name/Name of Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address (for remittance statements): \_\_\_\_\_ Telephone: \_\_\_\_\_

Printed Name of Company Contact: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Supplier Bank Information: Complete the information and attach a void personalized cheque or direct deposit form issued by your recognized United States based financial institution.**

Name of Bank: \_\_\_\_\_ [View cheque example](#)

Address of Bank: \_\_\_\_\_

SWIFT Code: \_\_\_\_\_ Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

The personal information on this form is collected for the purpose of electronically transferring funds to your financial institution account. The personal information collected will be used and disclosed in compliance with Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. For further information, call 780-492-6849 or 403-507-7912.



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## Example of a United State Cheque

|   |                         |
|---|-------------------------|
| NAME<br>ADDRESS<br>CITY, STATE ZIP      | 0123<br>01-23456789     |
| DATE _____                              |                         |
| PAY TO THE ORDER OF _____               | \$ <input type="text"/> |
| _____                                   | DOLLARS                 |
| BANK NAME<br>ADDRESS<br>CITY, STATE ZIP |                         |
| FOR _____                               | _____                   |
| ⑆012345678⑆ 01234567890123⑆ 0123        |                         |

Routing Number      Account Number