



## ELECTRONIC FUNDS TRANSFER AUTHORIZATION/ENROLLMENT

COMPANY INFORMATION			
Name/Legal Entity Name:			
Trade Operating Name: (if different than legal name)			
Mailing Address:	City:	Province:	Postal code:
GST Registration Number: (Business)			
CONTACT INFORMATION			
Remittance Email Address:			
Contact Name & Position/Title:			
Telephone Number:	Fax Number (optional):		
FINANCIAL INSTITUTION INFORMATION			
Bank Name:			
Bank Address:			
City:	Province:	Postal Code:	
Institution Number: (3 digits)	Transit Number: (5 digits)	Account Number: (Max 12 digits)	
AUTHORIZED SIGNATURE			
Print Name:		Date:	
Signature:			

Please review the following information to ensure an accurate transition to EFT payments:

- EFT payments can only be made in Canadian dollars to an account held at a Canadian bank.
- This form must be completed for all Electronic Funds Transfer setup or changes.
- A void cheque or authorized bank letter must be attached to this form.
- An email address must be provided to receive payment notifications. The deposit into the designated account will follow the remittance notice within two business days.
- Where possible, please forward any changes or cancellations in writing 30 days in advance of the change.
- The information collected on this form will be used exclusively for remittance purposes.
- This form will be returned if any information is missing or illegible.
- **A vendor maintenance team member will contact you shortly to verbally confirm information provided on this form.**

**Please return completed form and void cheque or authorized bank letter to:**

[vendormaintenance@wcap.ca](mailto:vendormaintenance@wcap.ca)

Or mail to: Whitecap Resources Inc 3800-525 8 Avenue SW, Eighth Avenue Place, East Tower, Calgary AB T2P 1G1