



Medicine Hat The Gas City

Accounts Payable
580 1 Street SE
Medicine Hat, AB
T1A 8E6

Company Name:	Phone Number:
A/R Contact Name:	Notification Email Address:

Payments in Canadian Funds only at Canadian Financial Institutions

Bank Name:	Address:
Branch Number:	Transit Number:
Account Number:	

Attachment Required

Void Cheque or Account Information for Direct Deposit form
from your Financial Institution

The undersigned gives The City of Medicine Hat the authorization to use the attached banking information to process electronic payments directly to their bank account through EFT.

Authorized Signature:

Printed Name and Title:

Please send your completed form and attachment to one of the following:

Accounts Payable

Fax: 403-502-8055

Email: accts_pay@medicinehat.ca

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