



OSHAWA KICKS SOCCER CLUB

EFT (CAD) Direct Deposit

Completion of All Fields is Mandatory. Incomplete form will not be processed.

The information indicated on this form is confidential and will be used solely for the purpose of depositing your payments directly into your bank account. We will not release this information for any other purpose.

Part 1: Authorized to Receive Payment

Last Name: _____ First Name: _____
(Legal name of account holder)

Address: _____

City: _____ Postal: _____

Phone: _____ Email: _____

Part 2: Bank Information

Name of Bank: _____

Bank Address: _____

Bank Transit Number: _____

Bank (Institution) Number: _____

Account Number: _____

Signature: _____ Date: _____

Please attach a void cheque, or photocopy marked void, for the purpose of obtaining correct Name, Bank Code, Transit No. and Account Number. Please email your EFT Form to our Finance Department at finance@oshawakicks.com.



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oshawakicks.com