



Village of Bawlf

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Re: Utility/Tax Monthly EFT

Bank Name: _____

Bank Address: _____

Transit # _____

Institution ID: _____

Bank Account# _____

Your name & mailing address: _____

Phone# _____

Utility Account # _____ Monthly EFT Amount \$ 84.50

Tax Roll # _____ Monthly EFT Amount _____

SIGNATURE REQUIRED: _____

You may also either attach a Void cheque or request a form from your financial institution with your bank account information on it.

PLEASE ENSURE THAT THIS FORM IS SIGNED