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ELECTRONIC FUNDS (CAD \$ ONLY) TRANSFER REQUEST FORM

Company Name (as it appears on bank account):

Bank Name:

Branch Address:

Account Number:

Transit Number:

Bank Code:

Please attach voided check.

Contact Name: _____

Email: _____

Authorized by: _____

Date: _____

Name: _____

(Please Print)

PLEASE PRINT & SIGN. FAX TO HTS (905)951-8523. E-MAIL: ADMIN@HTSFREIGHT.COM