



MANCAL ENERGY INC.
A member of the Mancal Group

Electronic Funds Transfer (EFT) Enrollment Form

Company / Individual Name:		
"Doing Business As" Name (If Applicable):		
Address:		
City:	Province / State:	Postal Code / ZIP Code:
GST/HST Account Number (If Applicable):	Phone Number: ()	
Payment Notification Email Address:		Contact Name:

Banking Information

Please attach one of the following supporting documents:

- Void Cheque
- Official Bank Letter
- Direct Deposit Form on Banking Letterhead

Signature & Authorization

Date:	Signature:
Printed Name:	Title of Authorized Signer:

Terms and Conditions of EFT Enrollment

1. I confirm the information is correct and accurate.
2. I authorize Mancal Energy Inc. to deposit payments for the above stated company or individual directly to the financial institution provided on this form and that the account information provided is for the above stated company or individual.
3. It is the responsibility of the above stated company or individual to notify Mancal Energy Inc., in writing, at least ten business days in advance of any changes taking effect.

Please return completed EFT Enrollment Form with attached banking information by email to accounting@mancal.com or by regular mail to address below.