



ODL Canada

Zabitat Canada

Canadian Dollar ACH Form

New Supplier

Current Supplier Change

Date: _____

Company Name: _____

Company Address: _____

City/Province/Postal Code: _____

Phone: _____ Fax: _____

A/R Contact: _____ A/R Phone: _____

Remittance Email: _____

Beneficiary Bank Name: _____

Bank Address: _____

Account (Beneficiary) Name: _____

4 Digit Bank Number: _____ 5 Digit Transit Number: _____

Account Number: _____

Checking

Savings

Please sign below to confirm that you are authorizing the transfer of payments to the account noted above.

Authorized Signature: _____

Signer's Title: _____

Signer's Phone Number: _____

Date: _____

Submit completed form by email to ap@odl.com or fax to 616-772-3840

Reset Form