



THE BOARD OF EDUCATION OF THE  
**REGINA SCHOOL DIVISION**  
NO. 4 OF SASKATCHEWAN

Regina Public School Division Office  
1600 4th Avenue, Regina, SK S4R 8C8  
Web site: [www.rbe.sk.ca](http://www.rbe.sk.ca)

Ph: (306) 523-3000  
Fax: (306) 523-3031  
E-mail: [info@rbe.sk.ca](mailto:info@rbe.sk.ca)

**ELECTRONIC FUND TRANSFER (EFT)  
AUTHORIZATION FORM**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(Required to send EFT advice)

I hereby authorize the Board of Education of the Regina School Division No. 4 of Saskatchewan  
(Regina Public Schools) to deposit payments in the bank account identified below.

Bank/Credit Union/Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Branch Transit Number: \_\_\_\_\_

Bank Institute Number: \_\_\_\_\_

**\*\*Please attach a void cheque\*\***

Authorized Signature: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return to:** Accounting Department  
1600 – 4<sup>th</sup> Avenue  
Regina, SK S4R 8C8

OR

Email: [accountspayable@rbe.sk.ca](mailto:accountspayable@rbe.sk.ca)

---

Accounts Payable Department Use Only

Vendor No: \_\_\_\_\_

Date entered: \_\_\_\_\_