



ALBERTA SOCCER ASSOCIATION
The Governing Body of Soccer in Alberta

11759 Groat Road NW
Edmonton, AB T5M 3K6

Ph: 780 474 2200



ELECTRONIC FUND TRANSFER REQUEST FORM

Business Application

Individual Application

Program(s) of Involvement:

Referee

Coach Education

Grassroots

Other

Payee Contact Information

Business Name (if applicable)

Contact Person Name

Mailing Address

City

Postal Code

Email Address*

Phone Number

** Notice of deposit will be emailed to this email address upon payment of funds.*

Bank Account Information

In order to verify your account information, you must enclose one of the following documents with this form:

Direct Deposit Advise from Bank is enclosed

OR

Image of VOID cheque is enclosed

Bank Name

Institution ID (3 digits)

Transit number (5 digits)

Account Number

*Once completed, please keep a copy for yourself and submit a copy to
accountant@albertasoccer.com*