



## E-Payment Form

### Section A.

#### Receiver's Information

\_\_\_\_\_  
**Name** (Please Print)

\_\_\_\_\_  
**Account Number**

\_\_\_\_\_  
**Bank and Location** (Transit Number)

\_\_\_\_\_  
**Account Type**

\_\_\_\_\_  
**Amount**

\_\_\_\_\_  
**NIB/Passport #**

### Section B.

#### Authorization for Debit and Receiver Information Confirmation

By signing below, I authorize TSWCCUL to debit my account for the payment described in this form. I confirm that I have reviewed the details provided for the receiver, including the receiver's name, account number, and any other relevant information, and I verify that the information is accurate and correct to the best of my knowledge.

I understand that any errors in the receiver's information may result in delays or non-processing of the transaction. I acknowledge that it is my responsibility to ensure the accuracy of all information provided.

**Member's Name:** \_\_\_\_\_  
**PRINT**

**Account Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

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#### Internal Use Only

By signing below, I confirm that I have completed the verification process, and that the member has been informed of their responsibility to ensure the accuracy of the transaction details.

**Staff Member Name:** \_\_\_\_\_

**Member/Non-Member Fee:** \_\_\_\_\_

**Staff Member Signature:** \_\_\_\_\_

**G/L #:** \_\_\_\_\_

**Authorized by:** \_\_\_\_\_