



Direct Payments Request Form

Company Name: _____

Contact Name: _____ Phone #: _____

E-mail Address: _____ Fax #: _____

We (I) accept that payments from New-Alliance Ltd will be made through Direct Payments/Deposits to our company bank account. Notification of deposits will be emailed to the contact above.

Authorized Name: _____ Date: _____

Authorized Signature: _____

Bank Information

Bank Name: _____ Bank #: _____

Branch #: _____ Account #: _____

A void cheque or bank confirmation must accompany this authorization form.

Teresa Pascoe
Director of Finance & Administration
tpascoe@newalliance.ca