

Electronic Payment Authorization Form

*Indicates a mandatory field.				
Contact Information				
*Legal Name		Doing Business As <input type="checkbox"/> Operating As <input type="checkbox"/> Division Of <input type="checkbox"/> Secondary Name <input type="checkbox"/>		
*Physical Address (cannot be PO Box)		*City	*Prov./State	*Postal Code/ZIP
Remittance Address (if different than physical address)		City	Prov./State	Postal Code/ZIP
GST, EIN OR SSN		Phone Number		
*Payment Notification Email (for ACH/EFT)			Fax	
Banking Information				
*Financial Institution Name		Account Manager Name		
Financial Institution Email Address		Financial Institution Phone Number		
*Routing Number (for ACH/EFT)	*Account Number	*Swift Code (for wire)	*IBAN Number (for wire)	
*Account Currency - select one		*Status - select one		
<input type="checkbox"/> CAD <input type="checkbox"/> USD <input type="checkbox"/> Other _____		<input type="checkbox"/> New authorization <input type="checkbox"/> Change existing banking information Important: previous bank account number _____		
*Supply <u>one</u> of the following supporting documents which match the above information:				
Void cheque Official bank letter - stamped or signed by a bank representative Official copy of an invoice to Cenovus with banking instructions				
Signature and Authorization				
*Date	*Signature of Authorized Signing Authority		*Name & Title (Print)	
1. Ensure all the information is complete and accurate. 2. Failure to supply supporting documents will delay processing. 3. Cenovus reserves the right to validate received information. 4. Default payment method is Direct Deposit via ACH/EFT. Fees may apply for wire payments.				
All suppliers must complete this form for banking information setup or changes. Should you have any questions concerning submission of this form, please contact your Cenovus Representative.				