

Electronic Payment Authorization Form

***Indicates a mandatory field.**

Contact Information

*Legal Name		Doing Business As: Operating <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	*Country
Remittance Address (if different than physical address)		City	Prov./State	Postal Code/ZIP	Country
*GST, EIN OR SSN (Local Tax Identification Number)			Phone Number		
*Payment Notification Email (for ACH/EFT/WIRE)				Fax	

Banking Information

*Financial Institution Name		*Financial Institution Contact Name			
*Financial Institution Email Address		Financial Institution Phone Number			
*Account Number	ACH/EFT *Routing /Transit Number				
	Wire *Swift Code	Routing /Transit Number (If applicable)		IBAN Number (If applicable)	
*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 one of the following supporting documents which match the above information:**

Void cheque - Physical Scanned Copy

Official bank letter - stamped or signed by a bank representative (dated within the last six months)

Official copy of an invoice to Cenovus with banking instructions

Signature and Authorization

*Date	*Signature of Authorized Signing Authority (Handwritten/Wet)	*Name & Title of Authorized Signer (Print)
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1. Handwritten/Wet signature is required.
2. Failure to supply supporting documents and valid signature from an individual with Financial Authority will delay processing.
3. Default payment method is Direct Deposit via ACH/EFT. Fees may apply for wire payments
4. Cenovus is unable to pay intermediary banks.
5. By signing above, I/We authorize Cenovus and its contracted third-party to validate the information contained on this form by contacting my financial institution.

**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.**