

Application for Electronic Payment (AEP) Sample form

The [Application for Electronic Payment \(AEP\)](#) form is a **required document** for all Community Grants programs. **All sections must be completed before submitting** – refer to the **red text** for extra guidance. Additional instructions and examples of acceptable banking documents can be found on page 1 of the online form

APPLICATION FORM *** Incomplete forms will not be processed ***
*** ALL fields are MANDATORY unless otherwise specified ***

Important: An AEP and/or a Separate Banking Document with crossed-out, erased, or altered information will no longer be accepted and will be automatically rejected. Forms and documents **MUST** be submitted with clear and correct details.

PART 1: Party Authorized to Receive Payment (Account Holder)

This banking is for: A Person(s) An Organization/Group Select Organization for the additional fields to appear.

Account Holder Name (the full business name that is on the bank account)
The ABC Community Foundation

Legal Entity Name (if not the Account Holder Name) - must be fully spelled out per the business registration or incorporation
The ABC Community Foundation

Organization/Group's Address (Business Partner's Address) City/Town
1234 Alberta St Edmonton

Province/State/Region Postal Code/Zip Country Phone
AB T1A 2C3 Canada (780) 123-4567

Email Address for Electronic Remittance Advice (Mandatory for Organizations and Groups)
treasurer@abccommunity.com This email will receive a notification when a payment is issued.

PART 2A: Bank Information (MANDATORY) - Please provide the bank address where the account is held (transit/branch address)

Name of Bank
Alberta Treasury Branch

Bank Address City/Town
456 Bank Ave Edmonton

Province/State/Region Postal Code/Zip Country Phone
AB T4A 5B7 Canada (780) 456-7890

PART 2B: Bank Signature

A signature from the bank is only mandatory if the separate document provided is a company or bank letter and the bank signature is not already on that document.

Jane Doe 2026-06-05 Jane Doe
Name of Financial Institution Officer (PRINT) Date yyyy-mm-dd Financial Institution Officer's Signature

PART 3: Payment Information

Select the required payment type: EFT ACH WIRE

Payment Type	Information Required		
Payments to banks <u>physically</u> in Canada	Transit/Branch #	Bank ID #	Account Number
	54321	001	123456789

I/We authorize the Province of Alberta to make all payments due to me by deposit to the account indicated above. Payment will be made until I/We advise of any changes.

John Smith 2026-06-11 John Smith
Printed Name Date yyyy-mm-dd Signature

President (587)
Title (applicable to Organizations & Groups) Phone

Beth Penny 2026-06-11 Beth Penny
Second Printed Name (Dual Signature Requirement) Date yyyy-mm-dd Signature

Important: Your bank account holder name must exactly match your legally registered name in Alberta or payment may be issued by cheque.

This payment information must match your banking document, or a cheque may be issued.

This signature is only needed if your banking document doesn't include your bank's full address.

Digitally typed/font signatures **are not** accepted.

The information provided in this sample form are for demonstration purposes only.