

EFT FORM

NEW

CHANGE

CANCEL

BENEFICIARY INFORMATION:

Beneficiary Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ GST #: _____

BANKING INFORMATION (Please attach a VOID cheque or a pre-printed deposit slip):

Name of Canadian Financial Institution: _____

Address of Canadian Financial Institution: _____



Canadian Account Information:

Branch Transit Number Financial Institution Number

Bank Account Number

REMITTANCE ADVICE:

Email address (REQUIRED): _____

Contact Name & Title: _____

Telephone: _____ Date: _____

Authorized Signature: _____

PRINT Authorized Signature: _____

PLEASE RETURN THIS COMPLETED FORM BY EMAIL OR POST:

EMAIL: treasury@rife.com Subject Line: Attention EFT Signup	MAIL: Rife Resources Ltd - Attention: EFT Signup 1000, 517 - 10th Ave SW Calgary, AB T2R 0A8
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