# Port McNeill Encorp Return-It Centre

Account Application

Account Name: _____

Is this account connected to a business account? YES / NO

Is this account for personal use? YES / NO

Mailing Address: _____

City: _____ Postal Code: _____

*Account Contact Information*

Name: _____

Phone Number: _____

Email Address: _____

*Direct Deposit Banking Information*

_____

Bank Name Institution Number Transit Number Account Number

***Please attach a copy of a void cheque to ensure accurate account information***

***Please note, recycling refunds will be paid out monthly.***

*INTERNAL OFFICE USE ONLY:* Account # : _____

**Once completed, or for any questions or concerns, please contact our Island Foods & Freight Head Office:**

250-897-3154 102 - 1810 Lake Trail Road, Courtenay, BC, V9N 9C2 accounting@islandfoods.net