

Direct Deposit Request Form

Company Legal Name: _____

Federal Tax ID / GST/HST Number: _____

Contact Name / Department: _____

Direct deposit requirements

To have your company receive payments by direct deposit, Cenovus requires one of the following as proof of account. Banking must include: Bank name, bank address, bank identifier (3 digits), transit number (5 digits) and the full account number.

- Void cheque – Must display your company’s legal name, temporary cheques are not accepted
- Deposit slip – Must display your company’s legal name
- Letters or forms directly from the bank – Must be signed or stamped by the bank
- Company invoice with bank account details – Must be approved by a Cenovus representative
- Company letterhead – Must be signed or stamped by the bank **or** submitted with your invoice

Direct deposit remittance advice

Please provide an email address for remittance notifications (optional):

Email: _____

Sending your direct deposit form and proof of banking

Please send this form and proof of account information to us using one of the following methods:

Email: directdeposit@cenovus.com
Fax: (403) 450-8356

Mail: Master Data Solutions
c/o Cenovus Energy Inc.
500 Centre Street SE
PO Box 766
Calgary, AB T2P 0M5

Privacy Consent: By providing the information above, you are consenting to Cenovus’s collection, the use of, retention and disclosure of that information for the purposes of Cenovus making direct deposits to your bank account and you hereby consent to the disclosure of such information to your bank for the same purposes. Cenovus may retain this information so long as is reasonable to fulfil those purposes.

For payments being sent to the U.S.

Authorization and Agreement: By electing to receive payments by direct deposit, your company is (i) authorizing Cenovus to initiate credit entries to its account, (ii) acknowledging that the origination of ACH transactions to its account must comply with U.S. law and (iii) agreeing to be bound by the NACHA Operating Rules for all entries initiated to its account. This authorization will remain in full force and effect until Cenovus has received written notification from your company of its termination in such time and in such manner as to afford Cenovus and its financial institution a reasonable opportunity to act on it.

Please select File > Save As to save the completed form to your preferred location.