



TOWN OF AMHERSTBURG

Vendor Request for Payment By Direct Deposit/Electronic Funds Transfer (EFT) Application Form

A vendor (corporate or individual) can use this form to request the payment of amounts owing from The Corporation of the Town of Amherstburg (the "Town") to be deposited to a bank account. A payment notification with details will be sent by email. It is recommended that the email account used for the payment notification be a secured generic account that will not be affected by a change of staff in your organization. To be considered for enrollment, all fields below must be properly filled in on this application and returned with proper supporting documents as set out below. The Town's Finance department requires at least 30 days notice to add or process changes to banking information, email address, or to cancel the use of direct deposit.

Request Type

New Application

Change Financial Institution/Banking

Identification (please print)

Name (as stated on bank account/invoice)		
Address		
City	Province	Postal Code
Email address for remittance advice (only one email address can be set up to receive emailed payment notification)		
HST/GST Account Number Not Registered Registration Number:		

FOR ALL APPLICANTS - BANKING INFORMATION (Required to be input on this form).

This is the information that the Town will use to deposit EFT transfers commencing within approximately 30 days of submission of a complete application.

Name of Financial Institution		
Transit (Branch) Number	Institution Number (3 digit number)	Account Number

FOR EXISTING APPLICANTS – CHANGE OF INFORMATION (Required to be input on this form)

If you are changing your banking information please enter NEW banking information above AND submit the PRIOR banking information below.

Name of Financial Institution		Type of Bank Account (Chequing/Savings)
Transit (Branch) Number	Institution Number (3 digit number)	Account Number

RETURN APPLICATION WITH ORIGINAL VOID CHEQUE, BANK LETTER OR BANK STAMPED APPLICATION FORM

* Authorization requires two authorized bank signing officers to safeguard your organization

Name (Printed)		Name (Printed)	
Title	Phone Number (include area code)	Title	Phone Number (include area code)
Signature*	Date (dd-mm-yy)	Signature*	Date (dd-mm-yy)

* I/We authorize The Corporation of the Town of Amherstburg to make all payments by direct deposit into the above bank account. I/We have attached a void cheque, bank letter or bank stamped application form. I/We have the authority to provide the above information on behalf of the corporation/organization/payee. I/We agree that The Corporation of the Town of Amherstburg will not be liable for any loss occurring after the deposit has been made to the identified bank account. I/We also agree that any direct deposits received in error will be promptly returned to The Corporation of the Town of Amherstburg.

Completed applications & documents can be:
Emailed: eftvendor@amherstburg.ca
Mailed/Dropped off: 271 Sandwich St. St
Amherstburg, ON, N9V 2A5
Note:
For security purposes, the Town may contact your company for confirmation

All personal information (including banking information) collected under this program is authorized under section 10 of the *Municipal Act, 2001*, and will be used to make direct deposit payments to your company's bank account in payment of amounts owing. Questions about this collection may be directed to the Supervisor of Accounting Services at 519-736-0012 x2253.

Bank Stamp

Finance Dept Use Only:

Received Date:

Vendor Id:

Vendor Verification

Name:

Phone:

Approved By:

Approved Date:

Entered By:

Entered Date: