



VENDOR ELECTRONIC FUNDS TRANSFER (EFT) REGISTRATION FORM

A vendor (corporation or individual) can use this form to request the payment of amounts owing from the Corporation of the Township of McNab/Braeside (the "Township") to be deposited to a bank account. A payment notification with details will be sent via 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 enrolment, all fields must be properly filled in on this application and returned with proper supporting documents as set out below.**

The Township'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
 Cancel Direct Deposit (revert to cheque)

IDENTIFICATION:

(please print)

Name (as stated on bank account / invoice):			
Address:			
City:	Province/State:	Country:	Postal Code/Zip Code:
Contact Name:	Contact Phone No.:	Contact Email:	
Email address for remittance advice (only one email address can be setup to receive emailed payment notification):			

HST / GST ACCOUNT NUMBER:

<input type="radio"/> Not Registered	Registration Number:
--------------------------------------	----------------------

NEW BANKING INFORMATION:

This section must be completed and supported by 1) a physical original voided cheque; or 2) physical original banking information.

Bank Name:															
Branch Number (5-digit number):				Institution Number (3-digit number):			Account Number (Maximum: 12-digit number):								

FOR EXISTING APPLICANTS:

Complete this section **ONLY** if you are changing your existing banking information. This section must be completed and supported by 1) a physical original voided cheque; or 2) physical original banking information.

Bank Name:															
Branch Number (5-digit number):				Institution Number (3-digit number):			Account Number (Maximum: 12-digit number):								

AUTHORIZATION:

Requires two authorized signatures to safeguard your organization.

Please select if sole proprietorship and only one signature is available.

Name (please print):				Name (please print):			
Title:		Phone No (incl. area code):		Title:		Phone No (incl. area code):	
Signature * :			Date (mm-dd-yy):	Signature * :			Date (mm-dd-yy):

* We are authorized signing officers for the purpose of completing this request. We authorize the Corporation of the Township of McNab/Braeside to deposit payments to the bank account identified above. We agree that the Township will not be liable for any loss occurring after the deposit has been made to the identified bank account. We also agree that any duplicate payment, overpayment, fraudulent payment or a payment made in error will be promptly returned to the Township. Changes to information will be submitted by filing another form.

<p>Email completed forms along with banking information to: finance@mcnabbraeside.com</p>	<p>Notes:</p> <p>1) For security purposes, the Township may contact your company for confirmation.</p> <p>2) It is the vendor's responsibility to advise of any vendor maintenance or any change to the bank account information or email address for EFT confirmation and payment advice.</p>
-------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------