

VENDOR ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION REQUEST

VENDOR INFORMATION:

Company/Vendor Name: _____

Phone: (____) _____ Email Address: _____

Address: _____ City: _____ Province: _____ Postal Code _____

BANK INFORMATION:

Name of Institution: _____ Address: _____

Branch: _____ City: _____ Province: _____ Postal Code: _____

Contact Phone Number: _(_____) _____

Bank Code (4 Digit): _____ Transit Code (5 Digit) : _____ Account Number: _____

Account Type: Checking _____ Savings _____ Other _____

MANDATORY: A VOID CHEQUE from the account must be attached or a letter from bank verifying the above banking information.

As a vendor, I hereby authorize and direct that all payments due to the above vendor from Lac La Biche County be directly deposited to the above-named bank account.

I certify that this information is valid, accurate and complete as at date of signing.

Name of Authorized Personnel: _____ Title: _____

Phone: _____

Signature of Authorized Personnel: _____ Date: _____

Once completed in full and signed, please include your "void cheque" and email to:

accounts.payable@laclabichedcounty.com

FINANCE USE ONLY

VENDOR #: _____ Name & Address: _____

ENTERED BY: _____ REVIEWED BY: _____ APPROVED BY: _____

DATE: _____ DATE: _____ DATE: _____