

For Internal Use Only

Vendor # _____

Notes: _____



Vibrant · Creative · Caring

NEW VENDOR/EFT FORM

ENROLLMENT

MODIFICATION

SECTION 1 – VENDOR INFORMATION

Vendor Name:		
Address:		
City & Province:		Postal Code:
Contact Person:		Title:
Contact Phone Number:		Email Address:
HST Registration Number:		

SECTION 2 – FINANCIAL INSTITUTION INFORMATION

Bank Name:		
Address:		
City & Province:		Postal Code:
Bank Transit Number (5 digits):	Bank (3 digits):	Bank Account Number:

SECTION 3 – VENDOR SIGNATURE AND AUTHORIZATION

I hereby authorize the Town of Pelham to deposit via EFT to the account indicated above for the purpose of paying vendor invoices.

Vendor Signature – *Must be same contact person from Section 1*

Date – MM/DD/YYYY

PLEASE NOTE: A void cheque must accompany this form and all invoices are to be billed to TOWN OF PELHAM.

From the Department of

