

A/P DIRECT DEPOSIT AUTHORIZATION - VENDORS



Please return this completed form with VOID cheque or DD Form by email to AccountsPayable@oro-medonte.ca

Use the drop down menu to select if this is a new request or a change to existing information.

It is essential that we have your exact bank account information to ensure payments can be made correctly and without delay. Forms with incomplete/inaccurate information, will result in a delay in payment (**Complete all fields**).

Business Name: _____ Date: _____

Business Address: _____

Finance Email Address for Payment Notification: _____

Bank: _____ Financial Institution Number: _____

Branch (street address): _____

City: _____ Prov.: _____ Postal Code: _____

Transit (Branch) Number: _____ Bank Account Number: _____

PLEASE ALSO ATTACH ONE CHEQUE MARKED "VOID" OR BANK PROVIDED DIRECT DEPOSIT FORM TO ENSURE ALL THE CORRECT INFORMATION IS PRESENT.



Cheque Number	Transit (Branch) Number	Financial Institution Number	Bank Account Number
---------------	-------------------------	------------------------------	---------------------

I hereby authorize the Township of Oro-Medonte to deposit payments to the above bank account.

Name: _____

Title: _____

Signature: _____

Date: _____

Phone: _____

AP USE ONLY

Date Processed: _____

Vendor Code: _____