

VENDOR AUTOMATED CLEARING HOUSE (ACH) REGISTRATION FORM **DATE:** _____

Note: Complete Only If You Are a Vendor Paid Through the US Banking System in US Funds

Enroll (New) _____ Change _____ Cancel _____ (Mark X where applicable)

VENDOR INFORMATION

Legal Entity Name: _____ Vendor #: _____

Operating as (DBA/Trade Name): _____

Head Office Address: _____

GST Registrant in Canada (Y/N): _____ GST #: _____ EIN: _____

COMPANY/REMIT ADDRESS

NOTE: PO BOX NUMBER CANNOT BE USED AS PER PAYMENTS CANADA REGULATION

Street Address: _____

City: _____ State: _____ Country: _____

Zip Code: _____ Company Phone No: _____ Email address: _____

Contact Name: _____ Contact Ph. No: _____

Contact Email: _____

ACH CONFIRMATION AND PAYMENT ADVICE IS EMAILED. PLEASE PROVIDE EMAIL ADDRESS.

Email address: _____

Contact Name: _____ Phone No: _____

A VOID CHEQUE OR BANK INFORMATION MUST BE INCLUDED WITH THIS FORM

Submit registration form with void cheque or bank information by email to: vendormaintenance@edmonton.ca

Authorized Name (Printed):

Signature:

Title: _____

Date: _____

IT IS THE VENDOR'S RESPONSIBILITY TO ADVISE VENDOR MAINTENANCE OF ANY CHANGES TO THE BANK ACCOUNT INFORMATION OR EMAIL ADDRESS FOR THE ACH CONFIRMATION AND PAYMENT ADVICE.