

VENDOR ELECTRONIC FUNDS TRANSFER (EFT) REGISTRATION FORM

DATE: _____

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

VENDOR INFORMATION

Legal Entity Name: _____ Vendor #: _____

Operating as (DBA/Trade Name): _____

Head Office Address: _____

GST Registrant? Y/N _____ Business/GST # _____

COMPANY/REMIT ADDRESS

Address: _____ City: _____

Prov/State: _____ Country: _____ Postal/Zip Code: _____

Phone No: _____ Email address: _____

Contact Name: _____ Contact Phone No: _____

Contact Email: _____

EFT 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.

Email to: vendormaintenance@edmonton.ca OR Mail to: Address at top of form. Attn: EFT Registration

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 EFT CONFIRMATION AND PAYMENT ADVICE.