



Date: \_\_\_\_\_

# EFT Vendor Information Form

Vendor Code: \_\_\_\_\_

Transaction Type:	
<b>New Vendor :</b>	<b>Change of Information:</b>

Attach one of the following with this application:

- A void cheque
- An original account information form from your banking institution
- Or a letter from your banking institution verifying the bank account information

The depositing bank account must be in Canadian funds.

## Vendor Information:

Vendor Name (Required Field)	GST/HST Registration Number
Mailing Address	Unit or Box #
City	Province
	Postal Code
Email Address for EFT Remittance Notification (Only one email address may be used for notification)	Phone Number

## Bank Information (Must attach a void cheque or bank provided information)

Beneficiary Name on Bank Account	Institution Name
Institution Address	City
	Province
	Postal Code

## Deposit Information

Institution Number	Transit Number	Account Number
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PAYMENT TERMS ARE **NET 30 DAYS**. INTEREST WILL NOT BE PAID ON OUTSTANDING BALANCES.

I/We hereby authorize The Corporate of the Town of Aurora to direct payments electronically to the bank account specified here until further written notice by our organization.

Printed Name	Signature	Date
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Information is for internal use only. Once completed, this form is the property of the Financial Services Department of the Town of Aurora.

Please send the completed form and supporting documents to:

Colleen Gordon, Accounts Payable Coordinator  
[payables@aurora.ca](mailto:payables@aurora.ca)  
905-727-3123 ext. 4120  
Fax: 905-727-1953

### Office Use Only:

Requested By: \_\_\_\_\_ Entered By: \_\_\_\_\_ Date: \_\_\_\_\_