

New Request for Vendor Payment by Direct Deposit (EFT)

1. Customer Information:

Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone: _____ Fax: _____
 Email: _____

2. Banking Information *****Please include a *VOIDED* Cheque*****

Account Number:

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 Branch Transit Number:

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Financial Institution Number:

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 Chequing: Savings:

Financial Institution Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____

3. EFT Remittance Options

Please indicate the EFT remittance option you would prefer (Please check one only):

Payment advice not required.
 Email Payment remittance to: _____

4. Authorization

Authorized Signature: _____
 Printed Name: _____
 Title: _____
 Date: _____

Please scan and email the completed form with a voided cheque or encoded deposit slip to ar-ap@tac-atc.ca, or mail to 1111 Prince of Wales, Suite 404, Ottawa, ON K2C 3T2

If your company is using an email filtering program ("SPAM-blocker"), CCMTA remittance emails could be blocked. To ensure that you receive your remittance advice, contact your network administrator and have the following email address added to your company's 'safe' list: ar-ap@tac-atc.ca

<u>OFFICE USE ONLY</u>		
Vendor ID: _____	Date connected: _____	Connected by: _____