

For Internal Use Only

Vendor # _____

COMPLETION OF FORM IS REQUIRED TO PROCESS SECURITY DEPOSIT REFUND.



Vibrant · Creative · Caring

**DIRECT DEPOSIT / ELECTRONIC FUNDS TRANSFER (EFT)
VENDOR PAYMENT ENROLLMENT FORM**

ENROLLMENT

MODIFICATION

SECTION 1 – VENDOR INFORMATION

Vendor Name:	
Address:	
City & Province:	Postal Code:
Contact Person:	Title:
Contact Phone Number:	Email Address:

SECTION 2 – FINANCIAL INSTITUTION INFORMATION

Bank Name:		
Address:		
City & Province:	Postal Code:	
Bank Transit Number (5 digits):	Bank (3 digits):	Bank Account Number:

SECTION 3 – VENDOR SIGNATURE AND AUTHORIZATION

I hereby authorize the Town of Pelham to deposit via EFT to the account indicated above for the purpose of paying vendor invoices.

Vendor Signature – *Must be same contact person from Section 1*

Date – MM/DD/YYYY

PLEASE NOTE: A void Cheque must accompany this form.

Please return form to Town of Pelham, Building Department Tel: 905-892-2607 ext. 321
OR email to: building-info@pelham.ca