

VENDOR/EFT FORM

ENROLLMENT

MODIFICATION

SECTION 1 – VENDOR INFORMATION

REV.FEB 2025

Vendor Payee Name:
(Name payment to be issued to)

Address:

City:	Province:	Postal Code:
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Contact Person:	Contact Phone Number:
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Contact Person Title:

Email Address:

HST Registration Number:

SECTION 2 – FINANCIAL INSTITUTION INFORMATION (for Direct Deposit payments)

Bank Name: A copy of a VOID cheque must accompany this form

Address:

City:	Province:	Postal Code:
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Bank Transit Number (5 digits):	Bank (3 digits):	Bank Account Number:
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SECTION 3 – VENDOR SIGNATURE AND AUTHORIZATION ACKNOWLEDGEMENT

All invoices must be billed to TOWN OF PELHAM and sent electronically to:
pelham_invoicecapture@concursolutions.com

- Invoice(s) **MUST** reflect valid Purchase Order number (if applicable)
- **OR** Full Name of Town Staff Requisitioner must be indicated if no PO is being issued

By signing below, I acknowledge that I have read, understand and agree to adhere to the provisions contained. I hereby authorize the Town of Pelham to deposit via EFT to the account indicated above for the purpose of paying vendor invoices. I will notify the Town immediately if there is any change to banking or above information details.

Vendor Signature
(Must be same contact person from Section 1)

Date

Staff member may complete this form, if no banking information is being provided. But they must print and sign their name in the "Vendor Signature" field.