

Vendor Information and Authorization for EFT Form

Legal Vendor Name:	
Known As / Trade Name If Different from Above:	
Remit To Address:	
Legal Address:	
Nature of Business:	
Is this an Aboriginal vendor? Attach documentation:	
GST Number/EIN:	

Contact Name:	
Contact Phone Number:	
Contact/AR Email:	
Email Address for Remittance Advice:	

Please attach a copy of a void cheque or signed bank letter

Name In Which Account Is Held:	
Financial Institution Name:	
Financial Institution Address:	

Bank Code: (3 digits)		Transit Code: (5 digits)	
Bank Account Number: (7-11 digits)			

Vendor Information and Authorization for EFT / Electronic Funds Transfer (Direct Deposit)

I/We hereby consent to SECURE collecting and using the above information to initiate distribution credit entries to my/our bank account and to provide remittance information, if required. This consent is to remain in effect until my/our written authorization to terminate Electronic Funds Transfer (Direct Deposit) is received by SECURE.

Note: No disclosure of information will be made other than to regulatory bodies with appropriate lawful authority.

Date

Name & Signature: Vendor Representative Title/Position

Phone