Company Name

Address

Address

Telephone (111) 111-1111
Toll Free 1-866-111-1111
Fax (111) 111-1111
E-mail: yes@yes.com

Dear Valued Vendor,

Re: Direct Deposit Payments (EFT)

Company Name. is in the process of enrolling our suppliers on an electronic payment program. EFT

To take advantage of this program, we need some information from you that will ensure you receive our payment/remittance accurately and on time.

REMITTANCE ADVICE OPTIONS

Please complete the attached application form and return it to us at your earliest convenience.

It is our intention to pay all our suppliers electronically. If you are unable to accept an electronic payment or if you elect not to participate in this program, please contact us as soon as possible. Alternate payment arrangements will be made on a best-effort basis.

Please be advised that the attached must be fully completed by you with information that is true and accurate in all respects and must be signed by an officer of your company who has been authorized for such a purpose.

If you have any questions or concerns, please contact A/P manager at the above number or email

address. We hope to better serve you through this enhanced service.

Yours truly,

Company Name

Address

Address

Telephone (111) 111-1111
Toll Free 1-866-111-1111
Fax (111) 111-1111
E-mail: yes@yes.com

DIRECT DEPOSIT PAYMENT INFORMATION

To ensure the accuracy of our account information***, you must attach a voided cheque*** and complete
The following Financial information:

Name of Financial Institution: _____

Address of Financial Institution: _____

_____

Account Information:

This information is found on the bottom of your cheques.

The format of this information is standard for any Canadian Cheque.

NNNNNN TTTTT-BBB AA-AAAAA

N = Cheque number
T = Transit Number
B = Bank Code
A=Account number

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Bank Code Transit Number Account Number

THE UNDERSIGNED HEREBY CONFIRMS THAT THE INFORMATION SET FORTH ABOVE IS TRUE AND ACCURATE IN ALL RESPECTS. FOR VALUABLE CONSIDERATION, THE RECEIPT AND SUFFICIENCY OF WHICH IS HEREBY ACKNOWLEDGED, THE UNDERSIGNED HEREBY AGREES THAT NEITHER THE PAYOR OR THE BANK ARE OR WILL BE RESPONSIBLE FOR VERIFYING THE INFORMATION SET FORTH ABOVE AND THE UNDERSIGNED HEREBY ACKNOWLEDGES AND AGREES TO INDEMNIFY AND HOLD HARMLESS THE PAYOR AND THE BANK FOR ALL LOSSES, LIABILITIES, COSTS, CLAIMS AND EXPENSES ARISING AS A RESULT OF EITHER OF THEM RELYING ON SUCH INFORMATION.

Customer Name: _____

Contact Name: _____ ***Title/Position:*** _____

Phone (____)_____ Fax: (_____)_____

Email address: _____

Signature: _____ Date: _____

Company Name

Address

Address

Telephone (111) 111-1111
Toll Free 1-866-111-1111
Fax (111) 111-1111
E-mail: yes@yes.com

PLEASE FAX OR EMAIL COMPLETED FORM AND “VOID CHEQUE” SAMPLE.