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VENDOR ELECTRONIC FUND TRANSFER REQUEST FORM

The Township of West Lincoln offers Electronic Funds Transfers (EFT) for vendor payments and email delivery of these remittances. EFT payments will be directly deposited in the bank account identified below and notifications will be sent to the contact email provided. Banking information is confidential and is used only for deposit purposes. The Contact/Authorized Persons noted below are the only individuals able to make future changes on the account.

Please select one of the following form options:

New Enrollment: Vendor wishes to enroll in EFT payments program.

Information Change: Vendor wishes to change information on existing EFT enrollment; *see additional submission requirements noted below.*

Remove EFT Enrollment: Existing EFT vendor wishes to stop future EFT payments.

New Enrollment

Information Change

Remove EFT Enrollment

The following must be included for your request to be processed:

- MUST attach a void cheque or direct deposit form; vendor name below **must** match
- MUST provide a valid email address for EFT notification
- Vendor account MUST be with a Canadian financial institution
- If changing bank account information, vendor MUST submit previous bank information support, in the form of either the previous direct deposit form or previous void cheque.
- If changing any vendor information, vendor MUST submit a signed letter of direction.

PLEASE EMAIL YOUR REQUIRED INFORMATION & COMPLETED EFT REQUEST FORM TO <u>ap@westlincoln.ca</u> OR THE FAX NUMBER ABOVE.

Vendor Name:			
Address:			
City:	Province:	Postal Code:	
Contact Person (if different from vendor name):	Authorized Person (if different from Contact):		
Contact Phone:	Contact Email (for EFT notification):		
I hereby authorize CIBC and The Township of West Lincoln to transfer funds to the			

<u>I hereby authorize CIBC and The Township of West Lincoln to transfer funds to the</u> <u>following account:</u>

Name of Financial Institution:				
Address:				
City:		Province:	Postal Code:	
Financial Institution #:	Transit #:	Account #:		