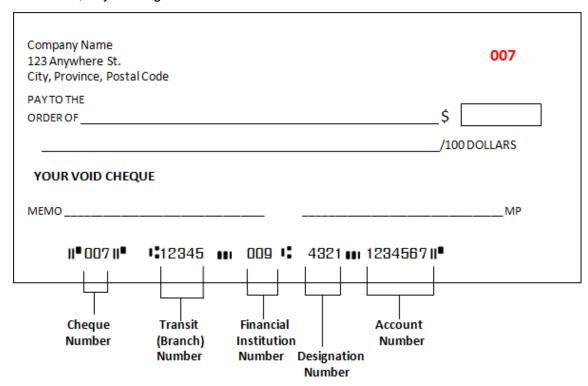
EFT Application Form - Instructions

Identification

Please ensure that the legal name of your company is entered. If your company also has an operating name, please include the legal entity name as well as the O/A name.

Banking Information

Please note, any leading zeros must be entered.



Cheque Number: Not a part of your banking information (do not enter on the form)

Transit (Branch) Number: 5 Digit number identifying the branch

Financial Institution Number: 3 Digit Number identifying the financial institution (bank)

Designation Number: If this number is listed, add the digits to the beginning of your account number on the application form *this number is not present on all cheques

Account Number: Number of digits can vary by institution; ensure to include all digits including preceding zeros

Authorization

Two original authorized signatures are required on the EFT application. If your company does not have two signing authorities (i.e., sole proprietor entity), please indicate this on your application form (check box) and provide one signature.

Submission

Please mail in the original completed and signed form. Include an original VOID cheque or bank stamped direct deposit form. Any form submission without these documents will not be accepted and the application will be halted until the proper documentation is received.

Sample Application Form is on the following page



All personal information (including banking information) collected

under this program is authorized under section 10 of the Municipal Act,

2001, and will be used to make direct deposit payments to your

company's bank account in payment of amounts owing. Questions

about this collection may be directed to the Manager of Accounting Services at 519-728-1975 ext.250.

Vendor Request for Payment By Direct Deposit/Electronic Funds Transfer (EFT) Application Form

A vendor (corporate or individual) can use this form to request the payment of amounts owing from The Corporation of the Municipality of Lakeshore ("Lakeshore") to be deposited to a bank account. A payment notification with details will be sent by email. It is recommended that the email account used for the payment notification be a secured generic account that will not be affected by a change of staff in your organization. To be considered for enrollment, all fields below must be properly filled in on this application and returned with proper supporting documents as set out below.

OUR COMMUNITIES. OUR HOM | Lakeshore's Finance department requires at least 30 days notice to add or process changes to banking information, email address, or to cancel the use of direct deposit

	,		- F								
Request Type											
New Application Cha	n/Banking	\bigcirc c	ancel	Direct 1	Depos	it (rev	ert to	chequ	e)		
Identification (please print)											
Name (as stated on bank account/invoice) 123456789 ONTARIO INC. O/A COMP	ANY NAME										
Address 123 ANYWHERE ST											
CityWINDSOR	Province ON		P	Postal Code N8R 3P0							
Email address for remittance advice (only one emailaddress@cogeco.ca	email address can be set up to	receive emailed j	payment notif	ication)							
HST/GST Account Number	1224	<i>5</i> 67905	TOOO	1							
	stration Number:	56789F							•		
FOR ALL APPLICANTS - BANKING This is the information that Lakeshore will use	INFORMATION TO Be to deposit EFT transfers co	ME USED BY ommencing with	LAKESH(in approxima	<u>)RE</u> (Rately 30 (equired days of s	I to be ubmissi	input on of a	on this complet	f orm) te appli	cation.	
Name of Financial Institution			Type of Bank Account (Chequing/Savings)								
CENTRAL BANK					CHEQ	UING					
(3 d	titution Number Account ligit number)										
1 2 3 4 5 0	0 9 4	3 2	1 1	2	3	4	5	6	7		
FOR EXISTING APPLICANTS – CHA		ION – PRIOI	R BANKIN	G INF	ORMA'	TION					
(Required to be input on this form if applicable) If you are changing your banking information please enter NEW banking information above AND submit the PRIOR banking information below.											
Name of Financial Institution	please enter NEW banking	banking information above AND sub			Type of Bank Account (Chequing/Savings)						
	X 1										
	itution Number Account ligit number)	Number		ī			ī	·	·		
RETURN APPLICATIO	ON WITH ORIGINAL VO	OID CHEQUI	E OR BANI	K STAN	APED L)IREC	T DEP	OSIT I	FORM	<u></u>	
* Authorization requires two aut	horized signatures to	o safeguard	l your or	ganiza	tion						
Please select if sole proprietorship	and only one signature										
Name (Printed) JANE SMITH		Name (P	Name (Printed) RONALD SIM								
	Phone Number (include area co 19-555-5555		Title CEO				Phone Number (include area code) 519-555-5554				
Signature*	Date (dd-mm-yy) 03-24-20	03-24-2020 Signature*				Dat	Date (dd-mm-yy) 03-24-2020				
* I/We authorize The Corporation of the Municipa	ality of Lakeshore to make all pa	ayments by direct	deposit into th	e above b	ank accou	ınt. I/We	have att	ached an	ORIGI.	<u>NAL</u>	
void cheque or bank direct deposit form. I/We have Corporation of the Municipality of Lakeshore will n direct deposits received in error will be promptly ret	ot be liable for any loss occurring	ng after the deposi	it has been mad							t any	
Mail original completed signed application pac		e iviumerpanty or	Lakeshore.			Lak	eshore	Use O	nly:		
The Corporation of the Municipality of Lakesh						Rec	eived I	Зу:			
Manager of Accounting Services 419 Notre Dame Belle River, ON N0R 1A0	PLE	PLEASE PROVIDE				Received Date:					
Notes: (1) Application received by email is not accepta	ahle I I	ORIGINAL VOID				Vendor Id:					
(2) For security purposes, Lakeshore may	CHEQU	CHEQUE OR STAMPED BANK LETTER UPON					Entered By: Entered Date:				
contact your company for confirmation	BANK	LETTER	UPUN			Ent	ered Da	aie.			

Reviewed Date: 2020 EFT Form

Approved By:

Reviewed By:

Approved Date:

SUBMISSION OF

APPLICATION