



OUR COMMUNITIES. OUR HOME.

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.

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.

Request Type

- New Application
 Change Financial Institution/Banking
 Cancel Direct Deposit (revert to cheque)

Identification (please print)

Name (as stated on bank account/invoice)		
Address		
City	Province	Postal Code
Email address for remittance advice (only one email address can be set up to receive emailed payment notification)		
HST/GST Account Number <input type="checkbox"/> Not Registered Registration Number:		

FOR ALL APPLICANTS - BANKING INFORMATION TO BE USED BY LAKESHORE (Required to be input on this form)

This is the information that Lakeshore will use to deposit EFT transfers commencing within approximately 30 days of submission of a complete application.

Name of Financial Institution		Type of Bank Account (Chequing/Savings)
Transit (Branch) Number	Institution Number (3 digit number)	Account Number

FOR EXISTING APPLICANTS – CHANGE OF INFORMATION – PRIOR BANKING INFORMATION

(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		Type of Bank Account (Chequing/Savings)
Transit (Branch) Number	Institution Number (3 digit number)	Account Number

RETURN APPLICATION WITH ORIGINAL VOID CHEQUE OR BANK STAMPED DIRECT DEPOSIT FORM

* Authorization requires two authorized signatures to safeguard your organization

Please select if sole proprietorship and only one signature is available

Name (Printed)		Name (Printed)	
Title	Phone Number (include area code)	Title	Phone Number (include area code)
Signature*	Date (dd-mm-yy)	Signature*	Date (dd-mm-yy)

* I/We authorize The Corporation of the Municipality of Lakeshore to make all payments by direct deposit into the above bank account. I/We have attached an **ORIGINAL** void cheque or bank direct deposit form. I/We have the authority to provide the above information on behalf of the corporation/organization/payee. I/We agree that The Corporation of the Municipality of Lakeshore will not be liable for any loss occurring after the deposit has been made to the identified bank account. I/We also agree that any direct deposits received in error will be promptly returned to The Corporation of the Municipality of Lakeshore.

Mail original completed signed application package to:

The Corporation of the Municipality of Lakeshore
 Manager of Accounting Services
 419 Notre Dame Belle River, ON N0R 1A0

Notes:

- (1) Application received by email is **not** acceptable
- (2) For security purposes, Lakeshore may contact your company for confirmation

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.

PLEASE PROVIDE
ORIGINAL VOID
CHEQUE OR STAMPED
BANK LETTER UPON
SUBMISSION OF
APPLICATION

Lakeshore Use Only:

Received By:
Received Date:
Vendor Id:
Entered By:
Entered Date:
Approved By:
Approved Date:
Reviewed By:
Reviewed Date: