

**ELECTRONIC FUNDS  
TRANSFER (EFT) PAYMENT**

3A3

**VENDOR EFT REGISTRATION FORM**

**DATE** \_\_\_\_\_

**NOTE: A VOID CHEQUE/BANK INFORMATION MUST BE INCLUDED WITH THIS FORM**

LEGAL COMPANY NAME: \_\_\_\_\_ Vendor No.: \_\_\_\_\_

DIVISION (OF): \_\_\_\_\_ (City Use)

**MAILING ADDRESS:**

PO BOX / STREET NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ - \_\_\_\_\_ FAX NO.: \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONTACT/ SALESPERSON NAME: \_\_\_\_\_

**PLEASE SPECIFY METHOD OF CONFIRMATION FOR DEPOSIT**

(For receiving Electronic Funds Transfer Payment Advice – email method is preferred)

**EITHER BY:**

EMAIL ADDRESS: \_\_\_\_\_

A/R CONTACT NAME: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ - \_\_\_\_\_

CITY OF EDMONTON BUSINESS LICENCE:  YES  NO

LICENCE NUMBER: \_\_\_\_\_

GST REGISTRATION NUMBER: \_\_\_\_\_

**IT IS THE VENDOR'S RESPONSIBILITY TO ADVISE THE CITY OF EDMONTON OF ANY  
CHANGES TO THE BANK ACCOUNT NUMBER OR ADDRESS**

\_\_\_\_\_  
AUTHORIZED PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

***WAYS TO SUBMIT YOUR REGISTRATION FORM & VOID CHEQUE***

<b>EMAIL:</b>	<b>MAIL:</b>
vendormaintenance@edmonton.ca	See address at top of form - <b>SEND attention: EFT Registration</b>

**ADMINISTRATION OFFICE USE ONLY**

**Keyed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_