



**ELECTRONIC FUNDS
TRANSFER (EFT) PAYMENT**

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

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

ADMINISTRATION OFFICE USE ONLY

Keyed by: _____ Date: _____ Reviewed by: _____ Date: _____