



CORPORATE SERVICES DEPARTMENT

ELECTRONIC FUNDS TRANSFER (EFT) PAYMENT VENDOR REGISTRATION FORM

MATERIALS MANAGEMENT ROOM 800, CHANCERY HALL #3 SIR WINSTON CHURCHILL SQUARE EDMONTON, ALBERTA T5J 2C3 FAX: (780) 496-5015

DATE: _____

NOTE: A VOID CHEQUE (OR COPY) MUST BE INCLUDED WITH THIS FORM

LEGAL COMPANY NAME: _____

Vendor No.: _____ (City Use)

DIVISION (OF): _____

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 IN VENDOR ACCOUNTS RECEIVABLE:

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

EITHER BY:

EMAIL ADDRESS: _____

FAX NUMBER: _____

A/R CONTACT NAME: _____

TELEPHONE NO.: _____

CITY OF EDMONTON BUSINESS LICENCE: YES NO LICENCE NUMBER: _____

GST REGISTRATION NUMBER: _____

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

AUTHORIZED PRINTED NAME _____

SIGNATURE _____

TITLE: _____

DATE: _____

THREE CONVENIENT WAYS TO SUBMIT YOUR REGISTRATION FORM & VOID CHEQUE

Table with 3 columns: EMAIL, FAX, MAIL. Content includes email address, fax number, and mailing instructions.

ADMINISTRATION OFFICE USE ONLY

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