



5th Floor-TEF3, 6190 Agronomy Road, Vancouver, BC V6T 1Z3

**Electronic Funds Transfer (EFT) Request Form For  
Canadian Suppliers/Contractors/Consultants**

**ALL FIELDS MUST BE COMPLETED**

Vendor Information:                      \*\*Vendor ID : \_\_\_\_\_                      \*\*Add Seq # : \_\_\_\_\_

Legal Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Business Registration #/GST Registration #: _____
E-mail Address for Remittance Advice of the payment (required): _____

**Vendor Banking Information:**

<p>Attach a Void Cheque Here</p> <p><i>Cheque</i></p>
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To Be Completed and stamped by Financial Institution if Void Cheque is not Attached:

Name of Bank (A Canadian Financial Institution): _____
Institution Number: _____ Bank/Transit Number: _____ Account Number: _____

Authorization: I/we authorize that my/our payments be forwarded by deposit directly into the above account (I/We have attaced a void cheque/bank letter). I have authority to provide the above information on behalf of the corporation/organization/payee

Name (printed): _____	Title: _____
Signature: _____	E-mail: _____
Date: _____	Contact phone #: _____