



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:

Attach a Void Cheque Here
Name on void cheque must match name on vendor file.

Cheque

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: _____

If you are already enrolled for direct deposit please confirm the last 4 digits of the account currently on file and provide your UBC Vendor ID.

Last 4 Digits of Previous Account Number _____ Vendor ID : _____

Authorization: I/we authorize that my/our payments be forwarded by deposit directly into the above account (I/We have attached 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 #: _____

Please email/scan this form to: vendor.setup@ubc.ca