



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

**Automated Clearing House (ACH) Request Form for  
US Suppliers/Contractors/Consultants  
ALL FIELDS MUST BE COMPLETED**

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

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

**Vendor Banking Information:**

<p><b>Attach a Void Cheque Here</b>  Name on void cheque must match name on vendor file</p> <p><i>Cheque</i></p>
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To Be Completed and stamped by Financial Institution if Void Cheque is not Attached:

Financial Institution Address: \_\_\_\_\_

Name of US Financial Institution: _____
ABA routing # for ACH payment: _____ 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 #: _____