



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>Attach a Void Cheque Here</p> <p><i>Cheque</i></p>

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:	_____	

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 #: _____

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