

EFT Application Form - Instructions

Identification

Please ensure that the legal name of your company is entered. If your company also has an operating name, please include the legal entity name as well as the O/A name.

Banking Information

Please note, any leading zeros must be entered.

Company Name
123 Anywhere St.
City, Province, Postal Code

PAY TO THE
ORDER OF _____ \$
_____/100 DOLLARS

YOUR VOID CHEQUE

MEMO _____ MP

|| 007 || 12345 009 4321 1234567 ||

Cheque Number Transit (Branch) Number Financial Institution Number Designation Number Account Number

Cheque Number: Not a part of your banking information (do not enter on the form)

Transit (Branch) Number: 5 Digit number identifying the branch

Financial Institution Number: 3 Digit Number identifying the financial institution (bank)

Designation Number: If this number is listed, add the digits to the beginning of your account number on the application form **this number is not present on all cheques*

Account Number: Number of digits can vary by institution; ensure to include all digits including preceding zeros

Authorization

Two original authorized signatures are required on the EFT application. If your company does not have two signing authorities (i.e., sole proprietor entity), please indicate this on your application form (check box) and provide one signature.

Submission

Please mail in the original completed and signed form. Include an original VOID cheque or bank stamped direct deposit form. Any form submission without these documents will not be accepted and the application will be halted until the proper documentation is received.

Sample Application Form is on the following page



OUR COMMUNITIES. OUR HOMES

Vendor Request for Payment By Direct Deposit/Electronic Funds Transfer (EFT) Application Form

A vendor (corporate or individual) can use this form to request the payment of amounts owing from The Corporation of the Municipality of Lakeshore ("Lakeshore") to be deposited to a bank account. A payment notification with details will be sent by email. It is recommended that the email account used for the payment notification be a secured generic account that will not be affected by a change of staff in your organization. To be considered for enrollment, all fields below must be properly filled in on this application and returned with proper supporting documents as set out below.

Lakeshore's Finance department requires at least 30 days notice to add or process changes to banking information, email address, or to cancel the use of direct deposit.

Request Type

- New Application
 Change Financial Institution/Banking
 Cancel Direct Deposit (revert to cheque)

Identification (please print)

Name (as stated on bank account/invoice) 123456789 ONTARIO INC. O/A COMPANY NAME		
Address 123 ANYWHERE ST		
City WINDSOR	Province ON	Postal Code N8R 3P0
Email address for remittance advice (only one email address can be set up to receive emailed payment notification) emailaddress@cogeco.ca		
HST/GST Account Number <input type="checkbox"/> Not Registered Registration Number: 123456789RT0001		

FOR ALL APPLICANTS - BANKING INFORMATION TO BE USED BY LAKESHORE (Required to be input on this form)

This is the information that Lakeshore will use to deposit EFT transfers commencing within approximately 30 days of submission of a complete application.

Name of Financial Institution CENTRAL BANK						Type of Bank Account (Chequing/Savings) CHEQUING												
Transit (Branch) Number					Institution Number (3 digit number)			Account Number										
1	2	3	4	5	0	0	9	4	3	2	1	1	2	3	4	5	6	7

FOR EXISTING APPLICANTS - CHANGE OF INFORMATION - PRIOR BANKING INFORMATION

(Required to be input on this form if applicable)

If you are changing your banking information please enter NEW banking information above AND submit the PRIOR banking information below.

Name of Financial Institution						Type of Bank Account (Chequing/Savings)												
Transit (Branch) Number					Institution Number (3 digit number)			Account Number										

RETURN APPLICATION WITH ORIGINAL VOID CHEQUE OR BANK STAMPED DIRECT DEPOSIT FORM

* Authorization requires two authorized signatures to safeguard your organization

Please select if sole proprietorship and only one signature is available

Name (Printed) JANE SMITH			Name (Printed) RONALD SIM		
Title CFO	Phone Number (include area code) 519-555-5555	Title CEO	Phone Number (include area code) 519-555-5554		
Signature*		Date (dd-mm-yy) 03-24-2020			
Signature*		Date (dd-mm-yy) 03-24-2020			

* I/We authorize The Corporation of the Municipality of Lakeshore to make all payments by direct deposit into the above bank account. I/We have attached an **ORIGINAL** void cheque or bank direct deposit form. I/We have the authority to provide the above information on behalf of the corporation/organization/payee. I/We agree that The Corporation of the Municipality of Lakeshore will not be liable for any loss occurring after the deposit has been made to the identified bank account. I/We also agree that any direct deposits received in error will be promptly returned to The Corporation of the Municipality of Lakeshore.

Mail original completed signed application package to:

The Corporation of the Municipality of Lakeshore
Manager of Accounting Services
419 Notre Dame Belle River, ON N0R 1A0

Notes:

- Application received by email is **not** acceptable
- For security purposes, Lakeshore may contact your company for confirmation

All personal information (including banking information) collected under this program is authorized under section 10 of the *Municipal Act, 2001*, and will be used to make direct deposit payments to your company's bank account in payment of amounts owing. Questions about this collection may be directed to the Manager of Accounting Services at 519-728-1975 ext.250.

PLEASE PROVIDE ORIGINAL VOID CHEQUE OR STAMPED BANK LETTER UPON SUBMISSION OF APPLICATION

Lakeshore Use Only:

Received By:
Received Date:
Vendor Id:
Entered By:
Entered Date:
Approved By:
Approved Date:
Reviewed By:
Reviewed Date: