



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

OUR COMMUNITIES. OUR HOME.

A vendor (corporate or individual) can use this form to request the payment of amounts owing from the Municipality of Lakeshore ("Lakeshore") to be deposited to a bank account. Following deposit, a 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.

Instructions:

Please complete all sections of this form to enroll in the Municipality of Lakeshore's Electronic Funds Transfer (EFT) payment system. Attach an **original void cheque or an official banked stamped letter** from your banking institution confirming your account details. Submit the completed form using one of the secure submission methods listed below.

Request Type:

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

Section 1: Vendor Information

Vendor Name 123456789 ONTARIO INC. O/A COMPANY NAME		
Vendor Address 123 ANYWHERE ST		
City WINDSOR	Province ON	Postal Code A1A 1A1
Email address for remittance advice EMAILADDRESS@COGECO.CA		
HST/GST Registration Number (if applicable) 123456789RT0001		

Section 2: Banking Information

* Must match the account where EFT payments will be deposited.

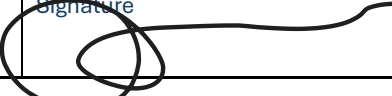
Bank Name CENTRAL BANK	
Bank Address 1234 ANYWHERE ST, WINDSOR ON A1A 1A1	
Transit (Branch) Number (5 digits) 12345	Institution Number (3 digits) 009
Account Number 11111111	

Section 3: Required Attachments (select one)

- ☐ Void cheque (original, attached)
☐ Official Bank Letter (original, attached)
☒ Phone verification requested (copy of void cheque or bank letter must still be provided, a representative from the Municipality of Lakeshore will contact your company to verify the details listed above)

Section 4: Vendor Authorization

I authorize the Municipality of Lakeshore to deposit payments directly into the bank account specified above. I have the authority to provide the above information on behalf of the payee. I agree that the Municipality of Lakeshore will not be liable for any loss occurring after the deposit has been made to the identified bank account. I also agree that any direct deposits received in error will be promptly returned to the Municipality of Lakeshore. I understand that any changes to this information must be communicated promptly and will be subject to verification.

Name (printed) JANE DOE		Name (printed) JIM DOE	
Title CFO	Phone Number 519-555-5555	Title CEO	Phone Number 519-555-5555
Signature 	Date (dd-mm-yy) 01/01/2025	Signature 	Date (dd-mm-yy) 01/01/2025

Section 5: Submission and Fraud Awareness:

Submit your completed form via one of the following methods:

- Encrypted Email
- In-Person Submission: Municipal office at 419 Notre Dame St, Belle River, ON N8L 0P8
- Mail:

The Municipality of Lakeshore
419 Notre Dame Street, Belle River, ON N8L 0P8
Attention: Accounts Payable

Fraud Prevention Notice:

The Municipality of Lakeshore is committed to fraud prevention and requires the information listed in this form to verify applications for funds transfer or changes in banking information. If the required documents and verification are not completed, the EFT application will be rejected and returned. Applications may be subject to periodic verification to confirm the accuracy of vendor banking information through direct communication.

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 Accounts Payable department at 519-728-1975 ext. 303.

For Office Use Only	
Reviewer 1 Name: _____	
☐	Verified vendor identity and form completion
Reviewer 2 Name: _____	
☐	Verified banking details and cross-referenced municipal records
Vendor Confirmation Contact Date: _____	
Contacted by: _____	
Manager Approval:	
Signature: _____	
Date: _____	