ACCOUNTS PAYABLE
DIRECT DEPOSIT SET-UP FORM

(for Vendors)

OFFICE USE ONLY	
Vendor Code:	
Date:	

STEP 1: VENDOR INFORMATION

Type of Request: ☐ 1st Time Set-Up ☐ Update existing EFT Information

Company Name: _____

Business Number (CRA): _____

Street Address: _____

City: _____ Province: _____

Postal Code: _____ Phone Number: _____

STEP 2: ACCOUNT INFORMATION

Option A (VOID CHEQUE ATTACHED) For your payment to be deposited to your account please include a cheque with this form and ensure the word **VOID** is written across the face of the cheque.

- OR -

Option B (WITHOUT A VOID CHEQUE) For payment to be deposited to your account please provide a letter of deposit instructions from your bank and include with this form.

STEP 3: REMITTANCE INFORMATION

Contact Name: _____ Position/Title: _____

Contact Phone Number: _____

Remittance Email Address: _____

STEP 4: SIGNATURE AND DATE

I have authority to bind the Vendor and hereby authorize The Corporation of the County of Lambton (the "**County**") to deposit Accounts Payable payments to the bank account indicated above and issue a remittance advice as indicated on this form. I recognize that if I give incomplete or inaccurate information on this form, payments may be made to the wrong account. The Vendor will notify the County in writing of any changes in account information or termination of this authorization at least thirty (30) business days prior to the next due date for Accounts Payable payments.

Name: _____ Title: _____

Signature: _____ Date: _____

STEP 5: SUBMIT THIS FORM

Mail this form to: The Corporation of the County of Lambton
789 Broadway Street, Box 3000
Wyoming, ON N0N 1T0
Attention: Finance, Facilities and Acquisitions Division

Email: finance.eft@county-lambton.on.ca - OR - Fax: 519-845-3160

OFFICE USE ONLY

Received by: _____ (initials) verbally confirmed with: _____ (name) on _____ (date) at _____ (phone no.)

Reviewed by: _____ (initials) on _____ (date) _____ (signature)

The personal information on this form is collected for the purpose of electronically transferring funds to your financial institution account. The personal information collected will be used and disclosed in compliance with the *Municipal Freedom of Information and Protection of Privacy Act* (Ontario). Questions about this collection should be directed to the FOI Coordinator at 519-845-0809 ext. 5253.