

The Town of Whitchurch-Stouffville is pleased to provide electronic funds transfer for all vendor payments. Instead of mailing a cheque for payment of your invoices, we will electronically transfer the payment to your bank account and notify you via email that the bank deposit is being made. The email will contain an attachment providing the same detail that is currently on the cheque stub. This will benefit your cash flow by getting funds into your bank account faster and avoid problems with lost and stolen cheques and postal disruptions.

Please complete and sign this form to initiate Electronic Funds Transfer

Request Type

New Application Update existing information

Supplier Information

Company/Payee (as printed on invoice) _____

Address _____

City _____ Province _____ Postal Code _____

Phone Number (with area code) _____ HST No. _____

Bank Information

Beneficiary Name on bank account _____

Bank Name _____

Deposit Information

(you **MUST** provide either a copy of a **void cheque** or **bank account verification** from your bank)

Bank ID – 3-digit number (XXX)

Transit ID – 5-digit number (XXXXX)

Account Code (up to 12 digits)

Email

Please indicate in the space below the email address you would like the EFT advice sent to

Remittance email address _____

(if your company is using an email filtering program, this email EFT advice could be blocked. Contact your network administrator and have the following email address added to your company's "safe list": jane.arseneau@townofws.ca)

Authorization

I/we are authorized signing officers for the purpose of completing this form and hereby authorize the Town of Whitchurch-Stouffville to initiate deposits and/or corrections to the financial institution as indicated above.

Authorized Signature	Title	
Name (Print)	Date (mm-dd-yy)	Phone Number

Remittance of Form

Upon completion, please email the **signed** form, attaching a copy of a VOID cheque or a bank letter to:

Fitness programs: Barb.armstrong@townofws.ca

Community Programs/Camps Ginger.derochie@townofws.ca

Aquatic Programs: Alexandria.weatherup-leach@townofws.ca

Please note: EFT forms will not be processed unless accompanied by a copy of a void cheque or a bank letter

All personal information (including banking information) collected under this program is authorized under the Municipal Act, S.O. 2001, c. 25 and will be used for the purpose of making direct deposits into your company's bank account. If you have any questions regarding completion of this form, please contact Accounts Payable at 905-640-1900.