



EFT Payment Application Form

Please check appropriate box:

New EFT Payment Setup

Changes to Existing EFT Payment Information

Payee / Company Information

Payee/Company Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone: _____ Contact Name: _____
E-mail address for Payment Remittance Advice: _____

Financial Institution Information

Financial Institution Name: _____
Address: _____
Institution # _____ Branch # _____ Account # _____
(4 Characters) (5 Characters) (7-12 Characters)
Swift Code _____ US Funds-ABA# _____
(Optional) (9 Characters)

***Note: A Void Cheque or a Letter of Account from your Financial Institution must be included to process payment**

EFT Payment Authorization

I have authority to bind my company to this agreement

Name: _____ Title: _____
Phone: _____ Date: _____

Authorized Signature: _____

Submit Completed Form and Voided Cheque by Mail

I hereby authorize The Regional Municipality of Niagara, through the Royal Bank of Canada, to deposit our payments to the bank account indicated.

I will advise Accounts Payable of any change in banking details, e-mail address etc.

The authorization is to remain in effect until I cancel in writing with the signature of an authorized signing officer.

Supplier to attach a void cheque, or EFT confirmation letter from your financial institution and remit to

The Regional Municipality of Niagara Attn: Accounts Payable

1815 Sir Isaac Brock Way, PO Box 1042, Thorold, Ontario L2V 4T7 Tel: (905) 980-6000 Ext. 3745 Fax: 905-984-3667 Email: suppliers@niagararegion.ca

For Niagara Region Department Use Only:

Supplier Number: _____
Completed by: _____ Date: _____
Reviewed by: _____ Date: _____