



Corporation of the Town of Georgina

26557 Civic Centre Rd.
Keswick, ON L4P 3G1

v.01.2020

Vendor Set-up Form

Date	Transaction Type	
	New Vendor OR Change/Update	specify:

Section 1 – Vendor/Supplier Information:

Vendor Name (Registered Legal Name)	GST/HST Registration #		
Mailing Address	City	Province	Postal Code
Sales Point of Contact	Email Address	Phone Number	Fax Number
A/R Point of Contact	Email Address	Phone Number	Alternate Number

Section 2 – Electronic Funds Transfer (EFT):

Attach one of the following with this application:

- A cheque marked “VOID”
- An **original** account Information form from your banking institution
- **OR** a bank representative in your branch office must complete and verify the banking data including a bank stamp and their initials

The depositing bank account must be in Canadian funds.

Beneficiary Name on the bank account	Bank Name	
Transit Number	Institution Number	Account Number

Section 3 – Authorization for Direct Deposit:

I (we) hereby authorize Town of Georgina to direct payments electronically to the bank account specified here until further written notice by our organization. I (we) acknowledge that the origination of the EFT transactions to my (our) account must comply with Canadian law. This EFT Authorization Agreement shall remain in effect until receipt of written cancellation from your organization.

Printed Name	Title	_____ Authorized Signature	Date
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*Email all documents to below:

