



Application for Electronic Funds Transfer (Direct Deposit)

Vendor Information

Vendor Name:

Mailing Address:

Phone Number:

Fax:

Email address for
Remittance Advice:

Payment notification will be sent to you by email. We recommend using an email address that will not be affected by staffing changes.

HST Registration:

OR Not Registered.

To validate your account please supply your HST registration status or number.

Financial Institution Information

This is a **new** application

This is to **change banking information**
already on file with Haldimand County

Financial Institution Number

(max 3 characters)

Branch Transit Number:

(max 5 characters)

Account Number:

(max 12 characters)

Financial Institution Name:

Branch Address:

Attach a copy of a void cheque or encoded bank document to verify banking information on this application.

Authorization

I/we authorize the Corporation of Haldimand County to make all payments by direct deposit into the above account. I/we have authority to provide the above information on behalf of the corporation/organization/payee.

Name (please print):

Position Title:

Signature

Date:

If more than one signature required:

Name (please print):

Position Title:

Signature:

Date:

Completed forms can be returned by fax or mail to the Haldimand County Administration Building.

BY FAX : 905-772-3542

BY MAIL:

Haldimand County Administration Building
53 Thorburn St. S.
Cayuga, Ontario NOA 1E0
Attention: Accounts Payable

For assistance, email: aphelpdesk@haldimandcounty.on.ca

or call (905) 318-5932.