

Accounts Payable Direct Deposit Enrollment Form

Type of Request: Add Change		
VENDOR INFORMATION		
Name:		
Address:		
City:	Province:	Postal Code:
Phone Number:		Email address:
BANK INFORMATION		
Bank Name and Branch:		
Address:		
City:	Province:	Postal Code:
Phone Number:		
Please attach void cheque or other bank document and complete bank information section below: <div style="display: flex; justify-content: space-around; font-size: small;"> Void cheque is attached Bank document is attached (statement or letter from bank) </div>		
Account Number:		Currency: CDN
Bank/Institution Number:		Bank Transit Number:
Accounts Payable must be notified of any changes to banking information two weeks prior to required change.		
PAYMENT AUTHORIZATION		
I authorize payments by electronic funds transfer (EFT) to the account indicated above.		
Signature	Name (printed)	Date

Please return completed form with void cheque or bank document to:

City of Maple Ridge
11995 Haney Place
Maple Ridge BC V2X 6A9
Attention: Accounts Payable

Phone: 604-467-7388 FAX: 604-467-7403
E-mail: accounts.payable@mapleridge.ca

FOR ACCOUNTS PAYABLE USE ONLY:		
Vendor Number:		
Approved by:	Entered by:	Reviewed by:
Date Approved:	Date:	Date: