

Email or fax the completed form (including the "VOID" cheque) to:

Finance Department – Accounts Payable
 City of Chilliwack, 8550 Young Rd, Chilliwack BC V2P 8A4

Email: apdeposit@chilliwack.com
 Fax: 604.793.1805
 Phone: 604.793.2924

Supplier Information – PLEASE UPDATE

| | | | |
|----------------|-----------------|--|-------------|
| Business Name | | Accounts Receivable Representative (print) | |
| Street Address | Mailing Address | City, Province | Postal code |
| Phone number | Fax number | *E-mail address | |

***Payment notification will only be sent by email. Must supply a valid email address.**

Action Requested - [must provide banking information (below) and email address (above) for Initiation or Change]

| | |
|---|--|
| <input type="checkbox"/> Initiate direct deposit payment | |
| <input type="checkbox"/> Change direct deposit bank account | Effective date of change <input type="text" value="(YYYY/MM/DD)"/> |
| <input type="checkbox"/> Terminate direct deposit payment | Effective date of termination <input type="text"/> |

Financial Institution Information

Attach your sample cheque marked **VOID** in the space below or have your bank representative complete this section.

| | | | |
|-------------------------------|---|----------------------------------|-------------|
| Name of financial institution | | | |
| Address | City | Province | Postal code |
| Branch number (5 digits) | Financial institution number (3 digits) | Account number (up to 12 digits) | |
| Teller Stamp | | | |

Direct Deposit Authorization

I understand that I am responsible for ensuring the information provided is current. I will not hold the City of Chilliwack responsible for lost or delayed payments where changes to the banking information are made and not communicated to the City of Chilliwack in a timely manner.

The information contained on this form is collected and will be used for direct deposit of supplier invoice payments into a supplier's chosen bank account. I hereby authorize the City of Chilliwack to deposit payments directly into the corporate bank account provided above, until further notice is provided in writing.

| | | |
|---------------------------------|------------------------------|-------------------|
| Authorized Officer name (print) | Authorized Officer signature | Date (yyyy/mm/dd) |
|---------------------------------|------------------------------|-------------------|