

Vendor Electronic Fund Transfer (EFT) Form

Enrollment Modification

Vendor Information

Vendor Name:		HST/Business Number:	
Address:			
City & Province:		Postal Code:	
Contact Person:		Title:	
Phone Number:		Contact Email Address:	
Fax Number:		Email Address for REMITTANCE NOTIFICATION:	

Bank Information

A void cheque or direct deposit form must accompany this form.

Bank:		
Address:		
City & Province:		Postal Code:
Bank Number:	Transit Number:	Account Number:

Vendor Authorization

I authorize the Town of Lincoln to deposit funds via EFT to the account indicated above for the purpose of paying vendor invoices.	
Vendor Signature	Date

Please fax this form to (905) 563-6566 or email to ap@lincoln.ca

For Internal Use Only: _____	Vendor #: _____
AP Clerk: _____	Approved By: _____
Date: _____	Date: _____