Rev.2024-10-08



## ACCOUNTS PAYABLE DIRECT DEPOSIT SET-UP FORM

(for Vendors)

CTED#4. VENDOD INI		or veridere)
STEP#1: VENDOR INF Type of Request:	1st Time Set-up	Update of Information
,, ,	Time Set-up	opuate of information
Company Name:		
Street Address:		
City:		Province:
Postal Code:		Phone #: ( ) -
STEP#2: ACCOUNT IN		
<b>Existing Banking Infor</b>	mation	
Bank Name:		
Bank Addr:		
Transit#:	Bank#:	Account #:
<b>New Banking Informat</b>		
		ment to be deposited to your account please staple
a cheque to this form		/OID is written across the face of the cheque.  OR
OPTION-B (WITHOU		ayment to be deposited to your account please have
	nd authorize the following information	
Bank Name:		
Bank Addr:		
Transit#:	Bank#:	Account #:
Bank authorization of	of above account information:	
	zed Payment Form	
Attached Ba	•	
Bank Stamp	o (add here)	
STEP#3: REMITTANC	E INFORMATION	
Remittance Method:	Email* Email Addr:	
(choose one)	Fax Fax #:	
* Please note: Email is n		cannot guarantee that your message will not be viewed by someone il remittance advice (see SAMPLE on reverse/next page).
STEP#4: SIGNATURE		Tremittance advice (see Shirir LL On Teverse/Hext page).
I acknowledge that	at I am the authorized signatory a	and have the authority to request banking changes.
	corporation of the City of Brampto t and issue my remittance advice	on to deposit my Accounts Payable payments to the as indicated on this form.
Signature:		Date:
Printed First and La	ast Name:	

## STEP#5: MAIL OR FAX THIS FORM

Mail this form to: City of Brampton ATTENTION: Accounts Payable Supervisor 2 Wellington Street West, 2nd Floor Brampton, Ontario L6Y 4R2

or e-mail to accountspayable@brampton.ca

The personal information on this form is collected under authority of the Municipal Act, SO 2001, c.25 and will be used for the purpose of providing Direct Deposit payments for City vendors. Questions about the collection of personal information should be directed to the Accounts Payable Supervisor, 2 Wellington Street West, 2nd Floor, Brampton, Ontario, L6Y 4R2, Tel: 905 874 2239

## **Email Sample**

From: corporate.e-commerce@rbc.com Sent: 2005/01/27 4:17 PM To: JDOE@ABCCOMPANY.COM Subject: Payment Receipt Advice THE CORPORATION OF THE CITY OF BRAMPTON ABC COMPANY LIMITED Payment Information Payor: CITY OF BRAMPTON Effective Payment Date: January 30, 2005 Sample Email Remittance Advice Payment Trace #: REV-000197 Payment Amount: \$ 700.00 CAD Direct Responses/Queries to: ap.remittance@brampton.ca Remittance Information Reference Reference Total Discount Amount Date Code Information Taken Paid Amount Invoice Number 62255101 01/21/2004-Invoice 0.00 300.00 300.00 Voucher 00325838 Invoice Number 40120187 01/13/2004-Invoice 400.00 0.00 400.00 Voucher 00325839 This e-mail message is information only. Please do not reply.

Queries are to be directed to the e-mail address provided in the payment information section above.