



**DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER (EFT)
VENDOR PAYMENT ENROLLMENT FORM**

ENROLLMENT

MODIFICATION

SECTION 1 – VENDOR INFORMATION

VENDOR NAME:	REGISTRY NUMBER:
MAILING ADDRESS:	BLUE FLAG NUMBER & ROAD NAME If applicable):
CITY & PROVINCE	POSTAL CODE:
CONTACT PERSON:	TITLE:
CONTACT PHONE NUMBER:	EMAIL ADDRESS (MANDATORY):

SECTION 2 – FINANCIAL INSTITUTION INFORMATION

BANK NAME:		
ADDRESS:		
CITY & PROVINCE	POSTAL CODE:	
BANK TRANSIT NUMBER (5 digits)	BANK (3 digits)	BANK ACCOUNT NUMBER:

SECTION 3 – VENDOR SIGNATURE AND AUTHORIZATION

I hereby authorize Six Nations of the Grand River Elected Council to deposit via EFT to the account indicated above for the purpose of paying vendor invoices.

Vendor Signature (must be contact person from Section 1)

Date (MM/DD/YYYY)

A void cheque must accompany this form. Please fax this form to 519-445-4208 or email to ap@sixnations.ca

OFFICE USE ONLY – DO NOT USE	VENDOR #
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