

A vendor (corporate or individual) can use this form to have the payment of amounts owing by the City deposited directly into a bank account. A payment advice showing payment details will be sent by email. It is recommended that the email account used for the payment advice be a secured generic account that will not be affected by a change of staff in your organization. **To be considered for enrollment, all fields marked * must be properly filled in.**

Request type

| *New application | *Update existing information |
|------------------|------------------------------|
| new application | opulate existing information |

Vendor number (if applicable)

Identification

| *Name | | | | |
|--|-----------|--------------|---------------|--|
| *Address | | | | |
| *City | *Province | *Pc | ostal code | |
| *Email address for remittance advice | | | | |
| *GST/HST account number Not registered | | | | |
| Employee number (if applicable) | | | | |
| ARIBA: Email address for Ariba account registration | | | | |
| ARIBA: Ariba Network ANID (if registered) | | | | |
| Please identify the name of you point of contact at the City | ır main | City contact | email address | |

New banking information

This section must be completed and supported by 1) a physical original voided cheque; or 2) a physical original encoded deposit slip; or 3) a physical original letter from the vendor's bank verifying the vendor's banking information; or 4) a completed physical original direct deposit form from the vendor's bank which is stamped by the vendor's bank to verify its authenticity. No photocopies will be accepted.

| *Bank name | | |
|------------------------------------|--------------------------------------|--|
| *Branch number (5-digit number) | *Institution number (3-digit number) | *Account number (maximum 12-digit number) |
| ABA Routing number (if applicable) | SWIFT (if applicable) | Currency (if applicable) |

Existing banking information - For change of banking information request only

| *Bank name | | |
|------------------------------------|--------------------------------------|--|
| *Branch number (5-digit number) | *Institution number (3-digit number) | *Account number (maximum 12-digit number) |

Authorization

| *Phone |
|---|
| |
| *Date (yyyy/mm/dd) |
| |
| mpleting this request. I authorize the City of Ottawa ove. I agree that the City will not be liable for any loss ified bank account. I also agree that any duplicate ent made in error will be promptly returned to the City. ner form. |
| i |

As a fraud prevention measure, all vendors enrolling for EFT must send original, physical copies of EFT forms and supporting banking documents to Accounts Payable by **mail**. Scanned EFT forms can be emailed to <u>vendormaster@ottawa.ca</u> to facilitate the initiation of the file and the creation of the vendor number. However, a **payment block** will be applied to each file until the original, physical documents are received by Accounts Payable by mail and verified.

The City of Ottawa does not accept banking documentation electronically. Banking information must be supported by original, physical copies of one of the following: (No photocopies will be accepted)

- 1. A void cheque with the vendor's name on it; or
- 2. An encoded deposit slip with the vendor's name on it; or
- 3. A letter from the vendor's bank (with bank letterhead) verifying the vendor's banking information; or
- 4. A direct deposit form from the vendor's bank which is stamped by the vendor's bank to verify its authenticity.

Note: The vendor's name on the EFT form and the provided banking documentation must be identical.

By mail:

The completed EFT form and banking documentation can be mailed to:

City of Ottawa, Accounts Payable, PO Box 3426 Station D, Ottawa, Ontario, K1P 0B9; or

By courier or in person:

Accounts Payable, 100 Constellation Drive, 4th Floor West, Ottawa, Ontario, K2G 6J8

If you are delivering the documentation in person, please deposit documentation in the secure drop box located outside the doors on the 4th Floor West.

Once the EFT package is received by mail, reviewed, and verified, the payment block will be removed. Any outstanding payments will be released.

If you have any questions or if you require further clarification, please email vendormaster@ottawa.ca.

For office use only

| Reviewed for accuracy and completeness by [Name of AP Clerk] | |
|--|--|
| Name and title of vendor representative contacted | |
| Date of call | |

Personal information is collected under the authority of the *Municipal Act, 2001,* S.O. 2001, c. 25. Personal information will be used by the City for the purposes of administering the payment of accounts owing by the City of Ottawa. Questions about this collection and use of your personal information may be directed to Accounts Payable at 613-580-2424 extension 27888 or by email to <u>vendormaster@ottawa.ca</u>