



Vendor Maintenance and Request for Vendor Payment by Direct Deposit (EFT)

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 must be properly filled in.**

For Office Use Only -this section to be completed by City Staff

SAP Vendor Number <input type="text"/>		
Maintenance Type (new or change)	Vendor Type	Consultant Type / Employee Number (if applicable)
<input type="radio"/> New application <input type="radio"/> Update existing information	<input type="radio"/> Normal <input type="radio"/> Social Services <input type="radio"/> Employee <input type="radio"/> Hired Equipment (ERS) <input type="radio"/> Consultant	<input type="text"/>

Identification

Name of Vendor		
Address		
City	Province	Postal Code
Email address for remittance advice		
<input type="checkbox"/> Not Registered GST/HST Account number		

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. No photocopies will be accepted.

Bank Name		
Branch number (5-digit number)	Institution number (3-digit number)	Account number (maximum 12-digit number)

Existing Banking Information - complete this section only if you are changing your existing banking information

Bank Name		
Branch number (5-digit number)	Institution number (3-digit number)	Account number (maximum 12-digit number)

Authorization - requires two authorized signature to protect your organization if applicable

Name		Name	
Title	Phone	Title	Phone
Signature	Date (DD/MM/YYYY)	Signature	Date (DD/MM/YYYY)

We are authorized signing officers for the purpose of completing this request. We authorize the City of Ottawa to deposit payments to the bank account identified above. We agree that the City will not be liable for any loss occurring after the deposit has been made to the identified bank account. We also agree that any duplicate payment, overpayment, fraudulent payment or a payment made in error will be promptly returned to the City. Changes to information will be submitted by filing another form.

Please mail the completed form with a physical original voided cheque or a physical original encoded deposit slip, or a physical original letter from the vendor's bank to the following address: City of Ottawa, Accounts Payable, PO Box 3426 Stn D, Ottawa, ON, K1P 0B9. No photocopies will be accepted.

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 vendormaster@ottawa.ca mailbox.