



VENDOR REQUEST FOR PAYMENT BY DIRECT DEPOSIT

I request that Kitchener SC/TFC directly deposit payment to the bank account specified below.

VENDOR (PAYEE) INFORMATION

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone #: _____

Email: _____

(Required for remittance advice transmission)

BANK INFORMATION

Name of Bank: _____

Address of Bank: _____

Branch #: _____ (5 DIGITS)

Institution #: _____ (# DIGITS)

Account #: _____

Signature: _____

Please print Name: _____

Date: _____

NOTE: A VOID cheque must be included to process payment. Kitchener SC/TFC does not take responsibility if the information is included on this form is incorrect when a VOID cheque is not included.