

**Appendix A  
APPLICATION FOR VENDOR DIRECT DEPOSIT BANKING**



**Requirements**

1. The bank account to be used **must be a Canadian account**.
2. A void cheque **must be provided** with your signed application. If your account does not have chequing privileges, supporting documentation **from your financial institution** (i.e. Letter of Guarantee) confirming your banking information is to be provided. The information required from your bank, which can be found at the bottom of your blank cheque, includes the bank institution number (the 3 digits in block 3), branch transit number (the 5 digits in block 2) and bank account number (the last 7+ digits of the cheque line).
3. An e-mail address **must be provided** as it will be employed to notify your organization when a direct deposit has been made.

New Application

**APPLICATION TYPE**  
Change of Information

Cancel Direct Deposit

**COMPANY INFORMATION**

Company Name			
Company Address			
City	Province	Postal Code	Country
Contact Name (Surname, First Name)		Position	
Contact Phone (include area code and extension)		Fax Number	
Notification E-mail (for Electronic Funds Transfer (EFT) purposes)			

**FINANCIAL INSTITUTION INFORMATION**

Bank or Financial Institution		
Bank Institution Number (3 digits)	Bank Transit Number (5 digits)	
Bank Account Number	Account Type	Account Currency Canadian
Branch Address		
City	Province	Postal Code

**AUTHORIZATION**

I authorize Township of Scugog to credit the bank account indicated above and agree to the Township of Scugog EFT Terms and Conditions. I will notify the Accounts Payable Department in writing if I change the account from one bank or branch to another, or if there is any other change. I have retained a signed copy of the authorization form.	
Name of Authorized Signing Officer	
Signature of Officer	Date Signed

**RE: COLLECTION OF BANKING INFORMATION**

The information collected for Vendor Direct Deposit is collected under the authority of the Township of Scugog and for the purpose of providing direct deposit of funds for payment of invoices. Information provided to the Finance Department for Vendor Direct Deposit will be used only for that purpose and will be accessed only by persons so authorized. Please direct any inquiries about the collection of information on this form to Accounts Payable Department at [invoice@scugog.ca](mailto:invoice@scugog.ca).

**OFFICE USE ONLY**


**Electronic Funds Transfer (EFT) Terms & Conditions**

Note: Banking details can be obtained from the bottom of your void cheque

- a) Vendor acknowledges that the Township of Scugog will process all reimbursements and payments by electronic funds transfer. The Processing Institution Account that the Township of Scugog is authorized to deposit or draw upon has been specified by the Vendor on this Township of Scugog EFT Application Form. A specimen cheque copy, marked "VOID", or other proof of banking information has been attached to the Township of Scugog Application Form.
- b) Vendor hereby authorizes the Township of Scugog to deposit to the Processing Institution Account, for the following purpose:
  - i. Depositing credit balances from Township of Scugog payment(s) upon vendor instructions;
- c) Vendor acknowledges that this authorization is provided for the benefit of Township of Scugog and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process credits to the Vendor's Processing Institution Account in accordance with the Rules of the Canadian Payments Association.
- d) This authorization is continuing and Township of Scugog may rely on this authorization for all financial transactions relating to Payables Payments and/or Vendor's Processing Institution Account(s), until vendor notifies Township of Scugog of any changes in accordance with section (f) below.
- e) Vendor may change or revoke this authorization at any time upon providing ten (10) business days written notice to Township of Scugog, using the Township of Scugog EFT Application Form.
- f) In the event of an erroneous remittance, Vendor agrees to reimburse the Township of Scugog for the full amount of the erroneous remittance within 10 business days either by allowing the Township of Scugog to debit the Vendors account or by cheque.
- g) Vendor acknowledges that Township of Scugog has the right to terminate authorization, if through no fault of its own, it is unable to debit the Processing Institution Account(s) in the full amount that the Vendor has specified.
- h) Vendor acknowledges that provisions and delivery of this authorization to the Township of Scugog constitutes delivery by Vendor to the Processing Institution.
- i) Vendor undertakes to inform Township of Scugog, in writing, of any changes in the Processing Institution Account information provided in this authorization prior to requesting any transactions with respect to the Processing Institution Account.
- j) Vendor acknowledges that the Processing Institution is not required to verify that a deposit or debit has been issued in accordance with the particulars of this Authorization including, but not limited to, the amount and frequency of deposits or payments.
- k) Revocation of this Authorization does not terminate any contract for goods or services that exists between Vendor and the Township of Scugog. Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for the goods or services exchanged.