



Vendor Direct Deposit Authorization

Section A – Personal Information	
Company Name:	
Address:	
What email address would you like your confirmation emails to be sent to:	
Company Phone Number:	

Section B – Requested Action	
Check one only:	Effective Date
<input checked="" type="radio"/> New Direct Deposit (first-time set-up)	
<input type="radio"/> Change Direct Deposit	

Section C – Institution Information		
Your account information must be recorded accurately. If account numbers are missing, or the information is incorrect the deposit will be rejected. For this reason be sure to include all "0" and "-" when recording your account number.		
Bank transit Number (5 digits):	Bank Number (3 digits):	Bank Account Number:
Bank Name:	Bank Address:	

Section D – Authorization and Signature	
Please sign the below to confirm you are authorizing The Municipality of the District of Shelburne to begin transferring payments for your invoices to the account mentioned above and that you consent for us to email you confirmation of payment.	
Signature:	Date:

- Please submit the completed form and a copy of a voided cheque or a letter from your bank providing confirmation of your account information. Email form back to finance@municipalityofshelburne.ca
- Your EFT information will remain in effect until you update the information by submitting a new Electronic Funds Transfer Application Form
- Any fees we incur because we have not been notified of changes to bank information will be charged back to the vendor