



Request for Vendor Payment by Direct Deposit

Please mail, fax or email the completed form with void cheque or a direct deposit form provided from your bank:	Krissy Schneider, Deputy Treasurer The Municipality of McDougall 5 Barager Blvd. McDougall, ON P2A 2W9	kschneider@mcdougall.ca Fax: 705 -342-5573 Telephone: 705-342-5252
--	---	--

A vendor (corporate or individual) can use this form to have the payment of amounts owing by the Municipality deposited directly into a bank account. To be considered for enrolment, all fields below must be properly completed. The Municipality requires 45 days notice to process changes to banking information and email address or to cancel the direct deposit payment method. The direct deposit authorization will remain in effect until notice of cancellation is received by the Municipality. Changes to information or cancellation will be submitted by filing another form.

Request Type

☐ New application ☐ Cancel direct deposit (return to cheque payment) ☐ Change direct deposit banking info.

My application is for:

☐ Personal ☐ Business

Vendor/Personal Identification

Name		
Address		
City	Province	Postal Code
Telephone	Fax	Email

Remittance Advice

Please indicate below which method you prefer to receive your remittance advices (i.e. invoice reference numbers)

☐ Email ☐ I do not require a remittance advice

Banking Information (this section must be completed and supported by a voided cheque or direct deposit form provided from your bank - CAD payments only)

Bank Name		
Bank Address		
Bank Code (3 digits)	Transit Code (5 digits)	Account Number (7 - 11 digits)

I/We are an authorized signing officer for the purpose of completing this request. I/We authorize the Municipality of McDougall to deposit payments to the bank account identified above. I/We agree that the Municipality will not be liable for any loss occurring after the deposit has been made to the identified bank account. I/We also agree that any duplicate payment, overpayment, fraudulent payment or a payment made in error will be promptly returned to the Municipality.

_____	_____	_____
Date	Authorized Signature	Title/Position

_____	_____	_____
Date	Authorized Signature	Title/Position

Personal information contained on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c.25 for the purposes of administering the payment of accounts owing to the Municipality of McDougall. Questions about the collection of information can be directed to the Municipality's Clerk

