

FINANCIAL SERVICES – PAYMENT SERVICES

EFT/ACH/GBP WIRE

Supplier Payment Application Form

To ensure the accuracy of your account information, complete the following form for the deposit of funds and attach a void cheque. Please print clearly or type.

Payee Information

Payee (remit to) Name: _____

Payee Address: _____

(ACH requires real address in US, NOT PO BOX)

Student/Employee Number (if applicable): _____

Contact Name: _____ Title/Position: _____

Phone (_____) _____

Email: _____

An email notification with payment remittance details will be sent to this email address.

IMPORTANT: Information MUST be provided in order to validate account and process the request

New Vendor with EFT - Invoice # _____ Invoice \$: _____ Invoice Date: _____

Change from CHQ to EFT - Last Chq # _____ Chq \$: _____ Chq Date: _____

Change of Existing EFT - Latest Payment # _____ Payment \$: _____ Payment Date: _____

Authorized Signature: _____ Date: _____

I have the authority to bind the corporation/organization

Print Name: _____

Financial Institution / Bank Information (ACH requires US Financial Institution located in US)

Name of Financial Institution: _____

Address of Financial Institution: _____

Bank Account Information:

Institution Number (for EFT)
Swift Code (for ACH/GBP Wire)

Transit Number (EFT)
Routing Number (ACH)
Sort code (GBP WIRE)

Account Number

PLEASE EMAIL completed form with a void cheque/direct deposit form to: EFTform@uoguelph.ca

UofG Use only

Supplier Number	Sites	Date	Initials
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Secondary check initial: _____ Date: _____ Method: _____ Approval: _____