

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 read carefully all the instructions in the form, print clearly or type. Only a completed form will be processed. Field with * is a required field of information.

Payee Information

Payee (remit to) Name*: _____

Payee Address*: _____

(Address should be same as the address on invoice, ACH requires real address in US, NOT PO BOX)

Student/Employee #(if applicable): _____ if employee, must have the same information in HR system

Contact Name*: _____ Title/Position*: _____

Contact Phone* (_____) _____ Company Phone: (_____) _____

Email*: _____ Website: _____

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

IMPORTANT: Must select from one option below, the required information for that option MUST be fully completed in order for UofG Finance department to validate the account and process this application form

UofG Contact Name*: _____ UofG Contact Email*: _____

New Vendor to UofG (Between Invoice/Purchase Order/Payment Requisition, must select one of them and provide all required info. below):

- Invoice #: _____ Invoice Date: _____ Invoice Amount: _____ Attached: Yes No

- Purchase Order #: _____ Purchase Order Amount: _____ Attached: Yes No

- Payment Requisition Date: _____ Payment Requisition Amount: _____ Attached: Yes No

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

Change of Existing EFT bank acct- Last 4 digit of existing EFT bank: _____

Latest Payment # show on payment remittance: _____ Payment Amount: _____

Authorized Signature*: _____ Date*: _____

I have the authority to bind the corporation/organization to provide the bank information for payment

Print Name*: _____ Title/Position*: _____

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 or a snip of bank statement having bank name and account to: EFTform@uoguelph.ca. If it is a new EFT set up request, a UofG approved Invoice or Purchase Order or Payment Requisition must be attached. If you already send this EFT form along with Invoice to your University contact, you will not need to send to EFTform@uoguelph.ca again.