



BROCKVILLE
CITY OF THE 1000 ISLANDS

City Of Brockville
Electronic Fund Transfer (EFT) Direct Payment Form

Supplier Information

Supplier Name: _____

Address: _____

City, Province and Code: _____

Contact Name: _____

Payment Notice E-Mail: _____

Payment Terms: _____ # Days HST #: _____

Banking Information

Bank Name: _____ Bank's City: _____

Bank Address: _____

Province: _____ Postal Code: _____

Please email the completed form & a **copy of a voided cheque or a letter from your bank** providing your account information to accountspayable@brockville.com. The remittance payment details will be sent electronically to you, prior to the direct deposit.

Vendor's Authorization

Please sign below to confirm that you are authorizing City of Brockville to begin transferring payments for your invoices to the account mentioned above.

Signature

Title

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Phone Number

Date