



APPLICATION FOR NEW VENDOR AND/OR DIRECT DEPOSIT BANKING

Accounts Payable
Date Stamp

New Application

Change of Information

Instructions:

- All fields on this form are mandatory and must be completed in printing prior to submitting the form.
- Please attach a blank void cheque for all banking information given below. If a void cheque is not available, please attach a letter from your financial institution confirming the banking information.
- Send the completed application to:
 - City of Whitehorse, 2121 Second Avenue, Whitehorse, YT, Y1A 1C2 OR
 - Via email to accountspayable@whitehorse.ca

VENDOR INFORMATION	Vendor Name		GST Number	
	Contact in Accounts Receivable (Surname, First Name)		Email Address (Mandatory to receive notification of payment)	
	Contact Phone (include area code and extension)		Vendor Main Phone (if different than Contact Phone)	
	Vendor's Remittance Address			
	City	Prov/Territory/State	Postal code/Zip	Country

BANKING INFORMATION	Name of Financial Institution		Account Number	<input type="checkbox"/> Chequing <input type="checkbox"/> Saving
	Institution No. (3 digits)		Branch Transit Number (5 digits)	
	Branch Address			
	City	Province/Territory	Postal Code	

The banking information can be located on your passbook, bank statement, encoded deposit slip, cheque (see sample below), download from your online banking site or by contacting your financial institution.

⑈ 9999 ⑈ 1:999999⑈9999: 999⑈999⑈9⑈

1
↓
This is the cheque number (do not enter this number).

2
↓
This is the branch number (5-digit number).

3
↓
This is the institution number (3-digit number).

4
↓
This is the account number used for direct deposit.

***** PLEASE ATTACH A CHEQUE MARKED "VOID" *****

AUTHORIZATION

I/we, the above named business, authorize the City of Whitehorse to credit our bank account noted above. I/we will notify City of Whitehorse, Accounts Payable promptly in writing if I/we move the account from one financial institution or branch to another or if there is any change in the account. I/we are authorizing signing officer(s) for the business. I/we have retained a signed copy of this authorization form.

Name of authorized signing officer(s)	Signature(s)	Date
---------------------------------------	--------------	------

For Financial Services use only:	Vendor ID
Procurement Supervisor's Approval	Date
Setup Processed	Date
Setup Verified	Date