

## APPLICATION FOR VENDOR DIRECT DEPOSIT BANKING

Accounts Payable  
Date Stamp

**New Application**

**Change of Information**


**Instructions:**

1. All fields on this form are mandatory and must be completed in printing prior to submitting the form.
2. 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.
3. Send the completed application to:
  - Manager, Procurement Operation, Procurement Services, York University, 4700 Keele Street, Toronto, ON M3J 1P3 OR
  - Via email to [venreq@yorku.ca](mailto:venreq@yorku.ca).

<b>VENDOR INFORMATION</b>	Vendor Name			
	Contact in Accounts Receivable (Surname, First Name)		Contact's email (mandatory)	
	Contact Phone (include area code and extension)		Vendor Main Phone (if different than Contact Phone)	
	Vendor's Remittance Address			
	City	Province/State	Postal code/Zip	Country

<b>BANKING INFORMATION</b>	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	Postal Code	

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



1
2
3
4

→ This is the cheque number (do not enter this number).
→ This is the branch number (5-digit number).
→ This is the institution number (3-digit number).
→ This is the account number used for direct deposit.

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

### AUTHORIZATION

I/we, the above named business, authorize York University to credit my/our bank account indicated above. I/we will notify York University 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
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<b>For Finance Department use only:</b>	Vendor ID
Comptroller's Office Approval	Date
Setup Processed	Date
Setup Verified	Date