



VENDOR APPLICATION AND DIRECT DEPOSIT AUTHORIZATION FORM

New Application

Change of Information

INSTRUCTIONS

1. All fields on this form are mandatory and must be completed.
2. Attach your personal/business blank cheque marked "VOID" or a fully encoded deposit slip from your bank.
3. Send the completed form with your void cheque or encoded deposit slip to:

Email: accountspayable@whitehorse.ca

Mail: City of Whitehorse, 2121 Second Avenue, Whitehorse, YT, Y1A 1C2

TERMS AND CONDITIONS

1. This authorization is not an assignment of any right to receive payment and revokes all prior payment direction.
2. This authorization may be cancelled or changed at any time with the submission of another authorization form.
3. Any direct deposit arrangement may be terminated at any time by the City of Whitehorse or the named financial institution.
4. The information contained in this form will only be accessed by the City of Whitehorse Financial Services staff who require the information to process payments.
5. This authorization will be in force until notice is given in writing to stop the direct deposit.

VENDOR INFORMATION	Business Name	GST Number
	Contact Name (Last Name, First Name)	
	Remittance Address	
	Yukon Address (if applicable)	
	Phone Number	Email (remittance advice will be sent via email only)

AUTHORIZATION

I/we authorize the City of Whitehorse to deposit directly to my (our) bank account as noted on the attached cheque/deposit form. I/we will notify the 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 have retained a signed copy of this authorization form.

Name of Authorized Representative(s)

Signature(s)

Date

For Financial Services Only

Vendor ID	Procurement & AP Supervisor's Approval	Date
-----------	--	------

Questions: Phone: 867-668-8610
Email: accountspayable@whitehorse.ca

Financial Services

Vendor EFT Form October 2020