

DIRECT DEPOSIT APPLICATION FOR VENDORS

Please complete and sign this form to authorize Kwantlen Polytechnic University to remit payments using Direct Deposit.

TYPE OF REQUEST	
<input type="checkbox"/> NEW REQUEST	<input type="checkbox"/> CHANGE TO BANKING INFORMATION

VENDOR INFORMATION (Please Print)		
Company Name:		
Company Address:		
City:	Province:	Postal Code:
Telephone:	Fax:	
Email Address: <small>(address payment notifications will be mailed to)</small>		

DIRECT DEPOSIT INFORMATION (Please Print)																															
<i>You MUST provide either a copy of a VOID CHEQUE, BANK ACCOUNT VERIFICATION from your Bank or CONFIRMATION OF YOUR BANKING INFORMATION by a financial institution</i>																															
Bank ID: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>	0				Transit ID: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>							Account No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>																			
0																															
Name(s) of Account Holder(s):																															
<i>If you do not attach a void cheque, your financial institution must confirm your banking information by completing fields below</i>																															
Financial Institution Name:	Phone Number:																														
Address:	Province:	Postal Code:																													
Name of Financial Institution Representative:	Financial Institution Stamp:																														
Signature of Financial Institution Representative:																															

AUTHORIZATION	
<i>I hereby authorize Kwantlen Polytechnic University to initiate deposits and/or corrections to the financial institution indicated above. This authorization will remain in effect until it is revoked in writing.</i>	
Authorized Signature: _____	Name: _____ <i>(Please Print)</i>
Position/Title: _____ <i>(Please Print)</i>	Date: _____

FOR KPU OFFICE USE ONLY		
BANNER ID _____	Date Entered ____/____/____	Name _____

Upon completion please **email to:** accounts.payable@kpu.ca or **fax to:** 604-599-2338