



Application for Electronic Funds Transfer Payment

This information will be used to pay amounts owing by the City of Greater Sudbury to your organization by direct deposit to the bank account you identify below. The email address provided will be used to send a remittance advice of the payment. It is advisable to use a **secured generic email** that will not be affected by the change of staff in your organization. Notice of changes to this information or termination must be made to the City using this form. We require 30 days notice to process changes. Note that you are responsible for any errors in the information provided and for any failure or delay in notification of change. Any loss of payment, once the deposit has been received by your bank will be borne by you. Any duplicate payment, overpayment, fraudulent payment or payment made in error will be promptly returned to the City.

- New Direct Deposit Application**
 Change of Direct Deposit Information
 Cancel Direct Deposit (revert back to cheques)

Mail completed form to: City of Greater Sudbury
 Accounts Payable Dept
 PO Box 5000 Station A
 200 Brady Street
 Sudbury ON P3A 5P3
 Questions regarding this form should be addressed to Accounts Payable at 674-4455 #4283

All Sections must be completed for all options

Section A - Vendor Information (please print clearly)

Supplier's Legal Name				GST Number			
Contact Person Last Name				Contact Person First Name			
Mailing Address			Suite/Unit	City/Town/Village		Province	Postal Code
Business Phone Number (including area code & extension)				Business Email Address for electronic payment remittance advice			

Section B - Banking Information (Either attach a void cheque or have this section completed by your bank)

Branch No.		Institution No.		Account No.																				
Name of Account Holder										Type of Account														
Name of Financial Institution										Branch														
Branch Address - Street										Suite/Unit	City/Town/Village					Province	Postal Code							
Branch Official (please print) Last Name					First Name					Position														
Business Phone No. (include area code & extension)										Signature										Date (yyyy/mm/dd)				

Section C - Authorization

We have the authority to direct the City of Greater Sudbury, through its banker of record, to deposit payments to the bank account indicated above and to email the payment advice to the business email listed above. We agree to the conditions set out. We will advise the City of any change to the information provided by filing another signed copy of this form.

Last Name	First Name	Phone Number	Signature	Date(yyyy/mm/dd)
Last Name	First Name	Phone Number	Signature	Date(yyyy/mm/dd)

Personal Information contained on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c.25 for the purposes of administering payment of accounts owing by the City of Greater Sudbury through direct deposit. Questions about the collection of the information can be directed to the Manager of Accounting at the City of Greater Sudbury, 200 Brady Street, Sudbury, Ontario P3A 5P3.