



Request for Vendor Payment by Direct Deposit (EFT)

A vendor (corporate or individual) can use this form to have the payment of amounts owing by the City deposited directly into a bank account. A payment advice showing payment details will be sent by email. It is recommended that the email account used for the payment advice be a secured generic account that will not be affected by a change of staff in your organization. **To be considered for enrollment, all fields marked * must be properly filled in.**

Request Type

☐ *New application ☐ *Update existing information Vendor Number (if applicable) _____

Identification

*Name		
*Address		
*City	*Province	*Postal Code
*Email address for remittance advice		
*GST/HST Account Number		<input type="checkbox"/> Not Registered
*Phone Number:	Fax Number:	
ARIBA: Email Address for Ariba Account Registration		
ARIBA: Ariba Network ANID (if registered)		
Please identify the name of your main point of contact at the City:	City Contact Email Address	

New Banking Information - This section must be completed and supported by 1) a voided cheque; or 2) a deposit slip; or 3) a letter from the bank verifying the banking information; or 4) a direct deposit form from the bank.

*Bank Name		
*Branch number (5-digit number)	*Institution number (3-digit number)	*Account number (maximum 12-digit number)
ABA Routing number (if applicable)	SWIFT (if applicable)	Currency (if applicable)

Existing Banking Information - For change of banking information request only.

*Bank Name		
*Branch number (5-digit number)	*Institution number (3-digit number)	*Account number (maximum 12-digit number)

Authorization

*Name	
*Title	*Phone
*Signature	*Date (DD/MM/YYYY)
I am an authorized signing officer for the purpose of completing this request. I authorize the City of Ottawa to deposit payments to the bank account identified above. I agree that the City will not be liable for any loss occurring after the deposit has been made to the identified bank account. I also agree that any duplicate payment, overpayment, fraudulent payment or a payment made in error will be promptly returned to the City. Changes to information will be submitted by filing another form.	

Scanned EFT forms and supporting documentation can be emailed to vendormaster@ottawa.ca.

A payment block will be applied to each file until the bank account is verified via a callback to a name and number independently sourced. Once a successful verification call is performed, the payment block will be removed and any outstanding payments will be released.

Note: The vendor's name on the EFT form and the supporting banking documentation must be identical.

If you have any questions or if you require further clarification, please email vendormaster@ottawa.ca.

FOR OFFICE USE ONLY

Reviewed for accuracy and completeness by: [Name of AP Clerk]	
Name and title of vendor representative contacted:	
Date of Call:	

Personal information is collected under the authority of the *Municipal Act, 2001*, S.O. 2001, c. 25. Personal information will be used by the City for the purposes of administering the payment of accounts owing by the City of Ottawa. Questions about this collection and use of your personal information may be directed to Accounts Payable at 613.580.2424 extension 27888 or by email to vendormaster@ottawa.ca