

**ACCOUNTS PAYABLE**

**DIRECT DEPOSIT SET-UP FORM**

(for Vendors)

|  |
| --- |
| **STEP 1: VENDOR INFORMATION** |
| Type of Request: | [ ]  1st Time Set-Up | [ ]  Update of Information |
| Company Name: |  |
| Street Address: |  |
| City: |  | Province: |  |
| Postal Code: |  | Phone Number: |  |
|  |
| **STEP 2: ACCOUNT INFORMATION** |
|  |
| **Option A** (VOID CHEQUE ATTACHED) For your payment to be deposited to your account please staple a cheque to this form and ensure the word **VOID** is written across the face of the cheque. |
| **- OR -** |
| **Option B** (WITHOUT A VOID CHEQUE) For your payment to be deposited to your account please provide the following information: |
| Bank Name: |  |
| Bank Address: |  |
| Transit Number: |  | Bank Number: |  | Account Number: |  |
|  |
|  |
| **STEP 3: REMITTANCE INFORMATION** |
| Contact Name: |  | Position/Title: |  |
| Contact Phone Number: |  |
| Remittance Email Address: |  |
|  |
| **STEP 4: SIGNATURE AND DATE** |
| I authorize The Corporation of the County of Lambton to deposit Accounts Payable payments to the bank account indicated above and issue a remittance advice as indicated on this form. |
| Signature: |  | Date: |  |
|  |
| **STEP 5: SUBMIT THIS FORM** |
| **Mail this form to:** | County of Lambton789 Broadway Street, Box 3000Wyoming, ON N0N 1T0Attention: Finance, Facilities and Court Services DivisionEmail: kim.hart@county-lambton.on.caFax: 519-845-3160 |