

**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 Lambton  789 Broadway Street, Box 3000  Wyoming, ON N0N 1T0  Attention: Finance, Facilities and Court Services Division  Email: kim.hart@county-lambton.on.ca  Fax: 519-845-3160 | | | | | | | | | | | | |