

Vendor Direct Deposit Application

Electronic Funds Transfer



Vendor Information

Company name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Direct Deposit Information

To support accurate record keeping, please include a voided cheque or a letter from the bank confirming the account details.

Remittance/Contact Information

Contact name: _____ Phone number: _____

Title/Position: _____ Email address: _____

Remittance email address: _____

Authorization

Authorized account holder signature: _____ Date: _____

Send the void cheque and completed form to acctspayable@ufv.ca

Office use only

Vendor ID _____ Banking setup _____

Address type _____ Reviewed by _____

Default added _____ Confirmation _____

Email setup _____