

# Vendor Direct Deposit Application

(Electronic Funds Transfer)

## Vendor Information

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Direct Deposit Information

To ensure the accuracy of our records, please attach a voided cheque or a letter from your bank showing the account details.

## Remittance/Contact Information

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Title/Position: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Email address to send remittance details to: \_\_\_\_\_

## Authorization

Authorized Account Holder Signature \_\_\_\_\_ Date: \_\_\_\_\_

Send the completed form ( including a "VOID" cheque or letter) to:

Mail to: University of the Fraser Valley  
 Accounts Payable Division  
 A291- 33844 King Road  
 Abbotsford, BC V2S 7M8  
 Email: [acctspayable@ufv.ca](mailto:acctspayable@ufv.ca)

## Office Use Only

Vendor ID	_____	Banking Setup	_____
Address Type	_____	Reviewed By	_____
Default Added	_____	Confirmation	_____
Email Setup	_____		