

Office Use Only: Vendor Number:



Direct Deposit Enrolment Authorization

To have your payments deposited directly to your account, please complete and return this form:

By Mail: City of St. Albert Accounts Payable Dept. 5 St. Anne Street St. Albert, AB T8N 3Z9	Or By Fax: 780-459-1734	Or Scan & Email: accountspayable@stalbert.ca
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NAME(S) ON BANK ACCOUNT:

Legal Registered Name:			
Address	City	Province	Postal Code
Telephone No.	Fax No.	E-Mail Address (MANDATORY FOR ADVICE SLIP)	

FINANCIAL INSTITUTION INFORMATION:

1. Attach your sample cheque marked VOID in the space below OR 2. If you do not have a void cheque, complete the section below			
Name of Financial Institution			
Address	City	Province	Postal Code
Branch number (5 digits)	Financial Institution number (3 digits)	Account number (up to 12 digits)	

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize and request The City of St. Albert to deposit payments to the Bank Account at the Financial Institution listed above. This authorization may be cancelled at anytime upon written notice by the vendor.

Name (please print):	Signature:	Date:
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TWO WEEKS ADVANCE NOTICE IS REQUIRED TO ENSURE CHANGES ARE DONE PROPERLY