Office Use Only: Vendor Number:

Direct Deposit Agreement

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

ACTION REQUESTED:

☐ Setup direct deposit information	Effective Date *(MM/DD/YY)*
☐ Change existing direct deposit information	

PAYEE INFORMATION:

Legal Registered Name:			
Address	City	Province	Postal Code
Telephone No.	Fax No.	E-Mail Address	

FINANCIAL INSTITUTION INFORMATION:

Attach your sample cheque marked ***VOID***

OR

Direct deposit form from your financial institution

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 will remain in effect until I provide a written notice of cancellation or submit a new direct deposit information form.

Name (please print):	Signature:	Date:

TWO WEEKS ADVANCE NOTICE IS REQUIRED TO ENSURE CHANGES ARE DONE PROPERLY

By Mail:	**Or Scan & Email:**
City of St. Albert Accounts Payable Dept. 5 St. Anne Street St. Albert, AB T8N 3Z9	accountspayable@stalbert.ca