

The Regional Municipality of York
Direct Deposit Application Form

Electronic payments save you time on deposit preparation. Electronic payment advices are mailed directly to you while the money goes directly into your bank account.

Fill out the attached information form and supply a VOID cheque from your account OR take this form to your bank and have them verify your account information.

For further information, contact Accounts Payable at 905-830-4444 ext. 1640.

I, _____ on behalf of _____

Name

Company

Phone:

request to be enrolled in the **Electronic Funds Transfer Option (Direct Deposit Program)** for payments sent from the Regional Municipality of York. All disbursements going forward after receipt of this application will be made via **Electronic Funds Transfer Option (Direct Deposit)**. A **VOID cheque** must be **attached** or a banking officer at your branch must verify the information supplied.

I understand EFT pay advices will be mailed or e-mailed (e-mail address must be provided) to our company for all payments made.

<u>Bank Name:</u>	Transit No. (5 digits)	Account (min. 7 digits)	Bank No. (3 digits)
Authorized Signature		Date	
Fax Number:		E-mail Address for Payments Notification:	
Banking Officer(for bank account verification)			
Name:	Signature:	Phone:	Date

Return this form to:

The Regional Municipality of York
 Accounts Payable
 17250 Yonge Street,
 Newmarket, Ontario
 L3Y 6Z1

Fax :905-895-9452 or e-mail : accounts_payable@york.ca