

City of Kitchener Electronic Funds Transfer Consent Form

I hereby consent and give City of Kitchener Finance Department the authorization to use the attached banking information to process an electronic payment directly to my organization's bank account through the use of Electronic Funds Transfer. I understand the information will be kept confidential and not used for any other purpose. I also agree to update Accounts Payable directly should any of the banking information below change.

Instructions: Please send your completed form and "VOID" Cheque to: EFT@kitchener.ca or mail to: Kitchener City Hall, Accounting Department, 200 King St W, Kitchener, ON, N2G 4G7

Remittance information

Supplier/Vendor Name	
Vendor Number (if known)	
Phone Number and Extention	
Supplier/Vendor Contact Name	
E-mail for remittance notifications	
Print Name & Title of Signing Authority	
Authorized Signature	

Payment information

To ensure the accuracy of our account information, you must attach/e-mail a void cheque and complete the following:

Name of Financial Institution	
Address of Financial Institution	

Bank Account Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Code	Transit Number	Account Number

YOUR NAME HERE
YOUR ADDRESS
CITY, PROVINCE, POSTAL CODE
000-000-000

DATE 20 M M D D

PAY TO THE ORDER OF _____ \$ _____ /100 DOLLARS

Place VOID cheque here

YOUR FINANCIAL INSTITUTION
YOUR ADDRESS
CITY, PROVINCE, POSTAL CODE
000-000-000

MEMO _____

Security features included. Alerts or trace.