



City of Orillia

T: 705-325-1311
 F: 705-325-5178
 info@orillia.ca
 orillia.ca
 50 Andrew St. S., Suite 300,
 Orillia, ON L3V 7T5

Instructions

1. Indicate the Type of Authorization and complete **all** requested information below.
2. Attach a void cheque displaying the Vendor/Client Name or a letter from the Vendor/Client's financial institution that is within Canada. Void cheque/bank letter is also required for all banking changes.
3. Enter the e-mail address where the Remittance Notification is to be sent to
Note: It is advisable to use a secured generic e-mail address that will not be affected by a change of staff in the Vendor's organization.
4. Submit the **SIGNED** completed application AND void cheque/bank letter via fax: 705-325-5178 or email: ap@orillia.ca

Definitions:

'Vendor': A company/business/individual who is providing goods and/or services to the City of Orillia and will be submitting invoices to be paid via EFT.

'Client': An individual/resident/program instructor who is receiving payment/reimbursement from the City of Orillia

Type of Authorization (check one only)

- New vendor Account Set Up Existing Vendor - New/Updated Information
 New client Account Set Up Existing Client - New/Updated Information

Vendor/Client Information - * indicates fields that only apply to Vendors

Full Name/Legal Business Name:	
*Operating As Name (if different from above):	
Vendor/Client - Remittance Address: (incl. Street, City, Province, Postal Code)	
*GST/HST Number: Note: MUST be provided by all Vendors in order to proceed with processing. If you are GST/HST exempt, attach exemption.	
Vendor/Client - Remittance Phone:	
Vendor/Client - Remittance Email Address:	
Vendor/Client - Remittance Contact Name:	
*Does your company accept credit card(s)? Y/N	
*If yes, identify the accepted credit card(s):	

Financial Institution Information NOTE: Must be a Canadian Bank Acct. & be within Canada

Name of Financial Institution:	
Branch/Transit Number (5-digits):	
Institution Number (3 digits):	
Bank Account Number:	

ATTACH VOID CHEQUE or BANK LETTER

Authorization

I/We authorize the City of Orillia to make all payments by direct deposit into the above account (I/We have attached a void cheque/bank letter). I have the authority to provide the above information on behalf of the corporation/organization/payee.

First and Last Name:		Job Title:		Phone:	
Email:		Signature:		Date (dd-mm-yy):	