

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:

<input type="checkbox"/> Setup direct deposit information	Effective Date (MM/DD/YY)
<input type="checkbox"/> 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:
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TWO WEEKS ADVANCE NOTICE IS REQUIRED TO ENSURE CHANGES ARE DONE PROPERLY

By Mail: City of St. Albert	Or By Fax:	Or Scan & Email:
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