



100 chemin Ramsey Lake Road, Sudbury, Ontario, P3E 5S9
 (705) 522-3701 (705) 522-4954 fax / téléc. sciencenorth.ca

APPLICATION FOR ELECTRONIC FUND TRANSFER PAYMENT

Please mail completed form to Science North – Attention Accounts Payable to address noted above or by Email to finance@sciencenorth.ca

The information collected on this application will be used to pay amounts owing by Science North to your organization by direct deposit to the bank account you identify below. The email address provided will be used to send a remittance advice of payments. It is advisable to use a secured generic email address that will not be affected by the change of staff in your organization.

Notice of changes to this information or termination must be made to Science North using this form. We require 30 days notice to process changes. Please note that you are responsible for any errors in the information provided, and for any failure or delay in notification of changes. Any loss of payment, once the deposit has been received by your bank will be borne by you. Any duplicate payment, overpayment, fraudulent payment or payment made in error will be promptly returned to Science North.

- New Direct Deposit Application Change of Direct Deposit Information
- Cancel Direct Deposit (Revert back to Cheques)

Section A - Vendor Information - Please Print Clearly				
Supplier's Legal Name			GST/HST Number	
Accounts Payable Contact:				
Last Name	First Name		Email	
Mailing Address	Suite/Unit #	City/Town/Village		Province
			Postal Code	
Business Phone Number (area code & extension)			Business Email (for Remittance Advice)	

Section B - Banking Information
Please attach a void cheque or a direct deposit banking slip.

Section C - Authorization

I/We have the authority to direct Science North, through its banker of record, to deposit payments to the bank account indicated above and to email the payment advice to the business email listed above. We agree to the conditions set out. We will advise Science North of any changes to the information provided by filing another signed copy of this form.

Last Name	First Name	Phone #	Signature	Date (yyyy/mm/dd)
Last Name	First Name	Phone #	Signature	Date (yyyy/mm/dd)

