

Direct Deposit Form

Accounts Payable Department
University of Ontario Institute of Technology
2069 Simcoe Street North, Oshawa, ON L1G 0C5
Tel: (905) 721-8668 ext. 5320, 6242, 6542
Email: accountspayable@ontariotechu.ca



VENDOR DIRECT DEPOSIT FORM

PLEASE COMPLETE THIS FORM AND RETURN AT YOUR EARLIEST CONVENIENCE.

Vendor Name:

Vendor Address:

Contact Name:

Contact Title:

Contact Telephone:

Contact E-mail:

E-mail for Remittance Advice:

THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL TO SETUP DIRECT DEPOSIT.

Banking Institution:

Branch Address:

Telephone Number:

BANK NUMBER:

TRANSIT NUMBER:

VENDOR ACCOUNT # FOR DIRECT DEPOSIT:

Signature of Authorized Officer:

Please Print Name and Title:

PLEASE ATTACH A VOID CHEQUE OR A DIRECT DEPOSIT AUTHORIZATION FORM, IF APPLICABLE

FOR INTERNAL USE ONLY

Vendor ID: