



VENDOR REQUEST FOR PAYMENT BY DIRECT DEPOSIT

VENDOR INFORMATION:

Company Name:		
Address:		
City:		
Postal Code:		
Telephone/Fax:	Tel:	Fax:
E-mail:		

BANK INFORMATION:

Name of Bank:	
Address of Bank:	
Branch #:	
Institution #:	
Account #:	

I hereby authorize Niagara Regional Housing to credit payments due to our Corporation to the Account and Financial Institution designated above. I HAVE AUTHORITY TO BIND THE CORPORATION TO THIS AGREEMENT.

Name: _____ Signature: _____

Title: _____ Date: _____

A VOID CHEQUE MUST BE INCLUDED TO PROCESS PAYMENT.

If account is closed or changed, please notify the Donna Mino immediately at (905) 984-6900 Ext 3943 or by e-mail: donna.mino@regional.niagara.on.ca

TO BE COMPLETED BY NIAGARA REGIONAL HOUSING	
VENDOR ID #:	
DATE ENTERED:	
ENTERED BY:	