

I hereby authorize the Region of Peel, through the Royal Bank of Canada, to deposit our payments to the bank account as indicated below. I will advise Accounts Payable of any change in this regard and the authorization is to remain in effect until I cancel it in writing with the sign off from two company officers.

Attach a cheque here (mark cheque "Void").

Please email the completed form to the Region of Peel at zzg-vendors@peelregion.ca.

233			
"Void"			
233 ↓	99999 ↓	001 ↓	0002345611 ↓

Cheque No. Branch Bank No. Account No.

Detailed Banking Information

Bank Name	_____		
Address	_____		
Branch Transit	_____	Bank No.	_____
		Account No.	_____

Company Information

Company Name	_____		
Company Mailing Address	_____		
Receivable Email Address for EFT Payment Notification	_____		

Company Officers

Name _____	Name _____
Title _____	Title _____
Email _____	Email _____
Phone No. _____ - _____ - _____	Phone No. _____ - _____ - _____
Fax No. _____ - _____ - _____	Fax No. _____ - _____ - _____
Signature _____	Signature _____

Date Requested / /

When completed, please email this application to the Region of Peel at zzg-vendors@peelregion.ca.

