



Vendor Payment Electronic Funds Transfer (EFT) Authorization Form

(Rev. Feb. 2/21)

The Corporation of the Township of Minden Hills is pleased to provide electronic funds transfer for all vendor related payments to **Canadian Financial Institutions**.

Instead of mailing a cheque for payment of your invoice(s), we will electronically transfer the payment to your bank account and notify you via email that the deposit is being made. The email will contain an attachment providing the same detail that is currently on the cheque stub. This will benefit your cash flow by receiving funds into your bank account faster, and will avoid problems such as lost or stolen cheques and/or postal disruptions.

SECTION 1 – CONTACT INFORMATION

PLEASE PRINT CLEARLY IN BLOCK LETTERS. ALL FIELDS MUST BE COMPLETED.

Legal Name of Business or Individual to Receive Payment:			
Mailing/Payment Address:			
City/Town/Village:	Province:	Postal Code:	Phone Number:

SECTION 2 – BANKING INFORMATION

You **MUST** provide either a **blank cheque (*marked VOID*)** or **bank account verification** from your financial institution clearly stating your Bank ID, Transit ID Code and Account Information. Check the box that applies to the banking information included with this form:

Void Cheque

Bank Account Verification

Bank ID – 3 Digit number (XXX)	Transit ID – 5 Digit number (XXXXX)	Account Code (Up to 12 digits)
Bank Name:		
Bank Address:		
City:	Province:	Postal Code:

SECTION 3 – AUTHORIZATION

When the electronic funds transfer is created an email will be generated to provide details of the payment. Please indicate in the space below the email address you would like the EFT advice sent to.

Email Address:	Contact Name:
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I (we) have authority, and hereby authorize the Township of Minden Hills to deposit, by electronic funds transfer to the financial institution as indicated above, payments deemed payable to me/the eligible business I legally represent.

This authorization agreement is effective as of the date this form is signed and will remain in full force and effect until the Township of Minden Hills has received notification in writing regarding its termination.

I (we) understand that I (we) am/are responsible for notifying the Township if there is a change in any information provided in this form, and that the Township will not be held responsible for any delay in payment due to incorrect information provided, missing information and/or non-notification of changes.

I (we) understand that 30 days written notice is required to cancel or change the account information, and that the Township reserves the right to seek further clarification regarding any and all information provided.

I (we) understand that information provided in this authorization form will be held in strict confidence and will only be used for the purpose of conducting vendor related payments.

I (we) understand that the Township of Minden Hills reserves the right to temporarily or permanently revoke this method of payment for any or all vendors, at its sole discretion, and without notice.

PLEASE ENSURE THAT THE OWNER AND/OR SENIOR OFFICER OF ORGANIZATION SIGNS

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

In the event that two signatures are required, complete the following section:

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

**Upon completion please email this form to accountspayable@mindenhills.ca or mail to:
The Township of Minden Hills, 7 Milne St., PO Box 359, Minden, ON K0M 2K0**

For Internal Use Only:

Processed By (Name):	Date Form Received:
Processed By (Signature):	Process Date: