



University
of Windsor

VENDOR DIRECT DEPOSIT

Vendor #

Office Use Only

Application Type: New Application ☐ Change of Information ☐ Cancel Direct Deposit ☐

Company Information

Company Name _____

Company (Remit to) Address _____

Contact Name/Officer _____ Title _____

Phone _____ Email(Remittance/AP) _____

Banking Information

Bank Account No. _____ Account Type: Chequing ☐ Saving ☐

Bank Institution No. _____ (3 digits) Bank Transit No. _____ (5 digits)

Account Currency: Electronic Funds are processed to Canadian bank accounts only

Bank or Financial Institution _____

Branch Address _____

City _____ Province _____ Postal Code _____

Attach a void cheque for all bank information given above. If void cheque is not available, attach a Letter of Guarantee from bank confirming banking information.

Authorization

I authorize the University of Windsor to credit the bank account indicated above. I will notify Accounts Payable in writing if I change the account from one bank or branch to another, or if there is any other change. I have retained a signed copy of this authorization form. **Your typed name below indicates your approval of the form and confirms that all information is accurate.**

Signature _____

Date _____

Re: Collection of Personal Information

The information collected for Vendor Direct Deposit is collected under the authority of the University of Windsor Act and is collected for the purpose of providing direct deposit of funds for payment of invoices. Information provided to the Finance Department for Vendor Direct Deposit will be used only for that purpose and will be accessed only by persons so authorized.

OFFICE USE ONLY

Approved by

Date

System Updated by

Date

Setup Verified by

Date

Submit Form to:

Procurement Office (EFT@uwindsor.ca) If there are any questions while filling out the form, please contact ext. 2085.