



Direct Deposit Authorization

The Town of The Blue Mountains

Vendor Name: _____

Address: _____

Request for Direct Deposit

I hereby authorize the Town of The Blue Mountains to deposit Accounts Payable payments to the account indicated below. 30 days written notice is required to cancel or change the account information.

Contact Name: _____

Title/Position: _____

Phone: _____

Owner/Signing Officer Signature

Date

Please attach a **void cheque sample** and complete the following Financial Information:

Name of Bank/Financial Institution: _____

Address of Bank/Financial Institution: _____

Direct Deposit Remittance:

Please indicate the email address you would prefer to have the direct deposit remittance emailed to: _____

All information shall be deemed private and held confidential at The Town of The Blue Mountains Finance Department.

Please complete this form and email it to accountspayable@thebluemountains.ca, along with a void cheque sample.