



CITY OF DAWSON CREEK

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|------------|
| Date _____ |
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ELECTRONIC FUNDS TRANSFER FORM (EFT)

(1) EFT Action Requested (check one)

| | | |
|--|---------------------------------|---------------------------------|
| START <input type="checkbox"/> | CHANGE <input type="checkbox"/> | CANCEL <input type="checkbox"/> |
| IMPORTANT: For a start or change request, attach a voided cheque or Electronic Payment information on company letterhead with completed form. | | |

(2) Vendor Information

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| VENDOR NAME: |
| VENDOR ADDRESS: |

(3) Vendor Contact Information

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| PRIMARY EFT CONTACT NAME: |
| E-MAIL ADDRESS: |
| PHONE NUMBER: |
| FAX NUMBER: |

(4) Financial Institution Information

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|---|
| FINANCIAL INSTITUTION NAME: |
| ADDRESS: |
| ROUTING TRANSIT NUMBER: (9 DIGITS) |
| ACCOUNT TITLE: (ACCOUNT HOLDER'S NAME) |
| ACCOUNT NUMBER: |
| ACCOUNT TYPE: (CHECK ONE) CHEQUING <input type="checkbox"/> SAVINGS <input type="checkbox"/> |

(5) Vendor Authorization

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|---|
| SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: |
| DATE: |

(6) *For City of Dawson Creek Use*****

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| VENDOR ID #: |
| VERIFICATION SIGNATURE AND DATE: |

Instructions for Completing ‘Request for Vendor EFT Information’ Form

1. **EFT Action Requested Section:** Place an “X” in the appropriate box to indicate if you are requesting to start EFT, change your current EFT information on file with The City of Dawson Creek, or cancel (discontinue) receiving payments via EFT.

IMPORTANT: If you are submitting a start or change request, you **MUST** include a voided cheque or EFT information along with the completed form or your request will not be processed.

2. **Vendor Information Section:** Provide the Vendor name and address.
3. **Vendor Contact Information:** Provide the name, e-mail, phone and fax number of the individual who will be the primary EFT contact.
4. **Financial Institution Information:** The information provided by the vendor in this section will determine to which financial institution and account The City of Dawson Creek directs payments. The cheque image below should aid in gathering financial information to complete this form.
 - a) Financial Institution Name – Provide the name of the financial institution to which payments are to be directed.
 - b) Address – Provide the full address of the financial institution to which payments are to be directed.
 - c) Routing Transit Number – A bank identifier, always found at the bottom of your check. This number is 9 digits long.
 - d) Account Title – Provide the depositor’s name (account holder’s name) on the account to which payments are to be directed.
 - e) Account Number – Your bank account number at your financial institution. There is no fixed number of digits, account numbers vary in length from bank to bank.
 - f) Account Type - Place an “X” in the appropriate box to indicate a chequing or savings account.

The diagram shows a cheque stub with the following fields and labels:

- Label d:** Points to the 'NAME OF DEPOSITOR' field at the top.
- Label a:** Points to the 'NAME OF YOUR BANK' field.
- Label c:** Points to the 'ROUTING NUMBER' field at the bottom left.
- Label e:** Points to the 'ACCOUNT NUMBER' field at the bottom middle.
- Label f:** Points to the 'CHEQUE NUMBER' field at the bottom right.

Other fields on the cheque include: 'PAY TO THE ORDER OF:', 'DOLLARS', and the MICR line at the bottom: ⑆021001082⑆ 123 456 789⑆ 0101.

5. **Vendor Authorization:** Proper authorization must be provided by an authorized official in order for The City of Dawson Creek to process the EFT Request form. The authorized official should sign and date the form, as well provide his/her title.
6. *****For City of Dawson Creek Use*** Section:** This section will be completed by The City of Dawson Creek. This information aids us in vendor identification within the payables system.

Mail the completed EFT form along with a voided cheque to:
 The City of Dawson Creek, Finance Department, Attn: Kara Armitage, PO Box 150, Dawson Creek, BC V1G 4G4
 You can also send via fax to (250)782-3352 or email karmitage@dawsoncreek.ca