



COMPANY INFORMATION

Company Name: _____

Address: _____

Company Contact Name: _____

Telephone Number: _____

Remittance Advice Email: _____
(generic address recommended)

BANK INFORMATION

Name of Bank: _____

Bank Address: _____

Bank Account Holder's Name: _____

Bank Code: (3 digits) _____

Bank Transit Code: (5 digits) _____

Bank Account Code: _____
(no more than 12 digits)

Bank Account Currency: CAD only _____

Please attach a copy of VOID CHEQUE or BANK ACCOUNT VERIFICATION LETTER

**Financial Officer
Authorizing Signature:** _____

Title: _____

Date: _____

Requirements Checklist:

- Completed Electronic Funds Transfer form
- Copy of VOID CHEQUE or BANK ACCOUNT VERIFICATION LETTER

Please fax or email to:

Fax: 604-276-4162 *Attention: Treasury and Financial Services*

Email: treasury@richmond.ca

For Internal Use Only

City of Richmond Supplier No.: _____