

Electronic Payment Form

VENDOR INFORMATION

Name: _____ Title/Position: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

If Applicable - Contact Name: _____ Title/Position: _____

BANKING INFORMATION

To ensure the accuracy of our account information, please attach a "VOID" cheque or bank verification form (from your banking institution).

Attach Cheque Here

REMITTANCE INFORMATION

Email Address: _____

No remittance advice necessary

Signature: _____ Date: _____

PLEASE EMAIL COMPLETED FORM TO:

acctspayable@lakeheadu.caLakehead University
Accounts Payable
955 Oliver Road
Thunder Bay, ON, P7B 5E1

PRIVATE AND CONFIDENTIAL

NOTE: For your protection, we will not process this form without either a sample cheque mark VOID or a new Direct Deposit/Pre-authorized Transactions Form from your financial institution. You should be able to request this form at any branch of your bank. Ensure that all digits of your bank, branch and account numbers are entered correctly, otherwise we will be unable to deposit your payment.

This form will authorize deposits via Electronic Funds Transfer (EFT) from Lakehead University directly into your bank account indicated on this form. You will receive an email notification at the email address you provide.

