



Electronic Payment Form

VENDOR INFORMATION

Name:	Title/Position:		
Address:			
City:		Postal Code:	
Phone:	Fax:		
If Applicable - Contact Name:	e: Title/Position:		
BANKING INFORMATION			
To ensure the accuracy of our accour form (from your banking institution).		VOID" cheque or bank verification	
Attach	Cheque	e Here	
REMITTANCE INFORMATION			
Email Address:			
No remittance advice nece	essary		
Signature:	Da	te:	

PLEASE MAIL COMPLETED FORM TO:

Lakehead University
Finance Services, Accounts Payable
955 Oliver Road
Thunder Bay, ON, P7B 5E1

ATTENTION: R. Kiessig acctspayable@lakeheadu.ca

PRIVATE AND CONFIDENTIAL

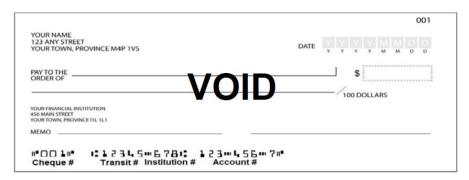
NOTE: For your protection, we will not process this form without either a sample cheque mark VOID or a new Direct Deposit/Preauthorized Transactions Form from your financial institution. You should be able to request this form at any branch of your bank. Ensure that all digits of your bank, branch and 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.



Sample VOID cheque and Financial Institution New Direct Deposit/Pre-authorized Transaction Form.

Note: this page does not need to be included when sending.



SAMPLE

Please complete and submit this form to yo rour Scotlabank account.	our employer to t	have your paychequ	s automatically deposited into
Го:		•	
INBERT MANE OF YOUR EMPLOYERS			•
lease accept these instructions to automa	atically deposit n	ny paycheque into m	y bank account as cutlined be
mployee information			Í TELEPHONE NO.
			PECUPAGE NA.
40-3698			
ny	· 	MROVJECH.	POSTAL CODE
MATERIAL YER NALMBER OF APPLICABLES		DOPARTHOUT UP APPLICABLE	· · · · · · · · · · · · · · · · · · ·
Your Bank	Number 		eriomer Account No.
RAICHACHES		•	
am advising the Company to change my a not responsible for verifying these paym close or make other changes to my account authorized by:	ents to my accor		
•	_	Dore.	
KSPATURE			