



Enrolment for Electronic Funds Transfer Payment

This information will be used to pay amounts owing by the City of Clarence-Rockland to your organization by direct deposit to the bank account you identify below. The email address provided will be used to send a remittance advice of the payment. It is advisable to use a secured generic email that will not be affected by change of staff in your organization. Notice of changes to this information or termination must be made to the City using this form. We require 15 days notice to process changes. Any duplicate payment, overpayment, fraudulent payment or payment made in error will be promptly returned to the City.

New Direct Deposit Application Change of Direct Deposit Information

In order to enrol or make changes, please provide a completed Enrolment Form and void cheque by one of the following methods:

- In person, to the Accounting Department at Clarence-Rockland City Hall, 1560 Laurier Street
- Email PDF copies to: ap@clarence-rockland.com
- Mail completed form to City of Clarence-Rockland Attention: Accounts Payable 1560 Laurier Street Rockland, ON K4K 1P7 Phone: 613-446-6022

Section A - Vendor Information

Vendor Name GST Number Contact Person Last Name Contact Person First Name Phone Number (including area code & extension) E-mail Address (for payment notifications)

Section B - Banking Information (Either attach a void cheque or provide the following information)

Branch No. Institution No. Account No. Name of Account Holder Type of Account Name of Financial Institution Branch

Section C - Authorization

We have the authority to direct the City of Clarence-Rockland, through its banker of record, to deposit payments to the bank account indicated above and to email the payment notification to the email listed above. We agree to the conditions set out. We will advise the City of any change to the information provided by filing another signed copy of this form.

Last Name First Name Phone Number Signature Date(yyyy/mm/dd)