



Accounts Payable Application
For Vendor Direct Deposit

PLEASE ATTACH A VOID CHEQUE OR PHOTOCOPY *Required Fields

Company Information

*Company Name _____

*Company Address _____

*Email Address _____

For Payment Remittance Advice (ensure filters are set to allow receipt of email).

Company Officers

*Name _____	*Name _____
*Title _____	*Title _____
Email _____	Email _____
*Phone No. _____	*Phone No. _____
*Signature _____	*Signature _____

I hereby authorize the Regional Municipality of Halton, through the Royal Bank of Canada, to deposit our payments to the bank account as indicated below. I will advise Accounts Payable of any change in banking details, email address etc. and the authorization is to remain in effect until I cancel it inwriting with the signature of authorized signing officer.

Return To: The Regional Municipality of Halton Attn: Brenda Bryck

1151 Bronte Road, Oakville, Ontario L6M 3L1

Tel: (905) 825-6000 Fax: (905) 825-3463 Email: accounts.payable@halton.ca

Attach a cheque here (mark cheque "Void").

233 99999 001 0002345611



Cheque No.

Branch

Bank No.

Account No.

INTERNAL USE

Date: _____ AP Initial: _____ Company Contact: _____