



MUNICIPAL CORPORATION OF THE COUNTY OF RENFREW

FINANCE DEPARTMENT

9 International Drive, Pembroke, Ontario K8A 6W5

Telephone: (613) 735-7288

Fax: (613) 735-2081

VENDOR REQUEST FOR PAYMENT BY DIRECT DEPOSIT

I request the Municipal Corporation of the County of Renfrew to directly deposit payment to the bank account specified below.

Vendor Information

Vendor Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone #: _____ Fax #: _____

*Email Address: _____

*** Email Address is required for remittance advice transmission**

Bank Information

Bank Name: _____

Bank Address: _____

Transit Routing #: _____

Account #: _____

Account Type (Chequing, Savings): _____

Authorized Signature for Vendor: _____

Date: _____

A VOID CHEQUE MUST BE INCLUDED TO PROCESS THIS REQUEST

TO BE COMPLETED BY THE MUNICIPAL CORPORATION OF THE COUNTY OF RENFREW ONLY

Vendor ID# _____ Date Implemented _____