



Electronic Funds Transfer Application for Vendors

The Brant Community Healthcare System is pleased to provide electronic funds transfer for all vendor related payments. Instead of mailing a cheque for payment of your invoices, we will electronically transfer the payment to your bank account and notify you via email that the bank deposit is being made. The email will contain an attachment providing the same detail that is currently on the cheque stub. This will benefit your cash flow by getting funds into your bank account faster and avoid problems with lost and stolen cheques and postal disruptions.

Please complete and sign this form to initiate payment by Electronic Funds Transfer

Company Name:

Payment Address:

City: Province: Postal Code:

Telephone Number (with area code):

Direct Deposit Information

You MUST provide either a copy of a **void cheque** or **bank account verification** from your bank clearly stating your Bank ID, Transit ID Code and Account Information

Bank ID - 3 digit number (XXX) Transit ID - 5 digit number (XXXXX) Account Code (up to 12 digits)

Bank Name:

Bank Address:

City: Province: Postal Code:

Remember to attach a Void Cheque or a Bank Account Verification letter!

When the electronic funds transfer is created an email will be generated to provide details of the payment. Please indicate in the space below the email address you would like the EFT advice sent to.

Email:

I hereby authorize Brant Community Healthcare System to initiate deposits and/or corrections to the financial institution as indicated above. This authorization will remain in effect until I revoke it in writing.

Authorization Signature: _____ Date:

Printed Name: Title:

Upon completion please fax this form to 519-751-5591, or email it to kim.welch@bchsys.org or mail it to:

Brant Community Healthcare System
Accounts Payable (E-Wing, 5th floor)
200 Terrace Hill St
Brantford, ON N3R 1G9

For internal use only
Processed by:
Process date: