



**City of Pembroke
AUTHORIZATION FOR DIRECT DEPOSIT PAYMENTS**

I/we authorize the *Corporation of the City of Pembroke* to pay invoices by direct deposit to the bank account specified below:

VENDOR INFORMATION

Vendor Name: _____
Address: _____
City: _____ Postal Code: _____
Telephone#: _____ Fax: _____
Contact Name: _____
Phone: _____ Fax: _____
Email: _____
*Remittance Email Address: _____

VENDOR BANKING INFORMATION

Bank Name: _____
Account Type (chequing/savings) : _____
Transit #:

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 Institution #:

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Account#:

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Authorized Vendor Signature: _____ Name: _____
Date: _____

A VOID CHEQUE MUST BE INCLUDED TO PROCESS THIS REQUEST

*Remittance Email Address is required for remittance advice transmission of payment details

TO BE COMPLETED BY THE CITY OF PEMBROKE ACCOUNTS PAYABLE/FINANCE DEPT ONLY

Vendor ID#: _____ Date Entered: _____
Verified: _____
Initials _____ Date _____