



Corporation of the City of Pembroke
Accounts Payable
email: accountspayable@pembroke.ca
fax: 613-735-3660

Authorization for Direct Deposit Payments

I/We authorize the Corporation of the City of Pembroke to pay invoices to the bank account specified below:

Vendor Information

Vendor Name:

Address:

City:

Postal Code:

Telephone:

Fax:

Contact Name:

Phone:

Email:

Remittance Email Address:

Vendor Banking Information

Bank Name:

Account Type:

Transit #:

Institution #:

Account #:

Authorized Vendor Signature: _____

Name:

Date: _____

A Void Cheque must be included in order 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.

Vendor ID: _____

Date entered: _____

Verified by: _____

Date: _____

Notice of Collection of Personal Information

The information collected on this form is collected pursuant to *Municipal Freedom of Information and Protection of Privacy Act* and will be used for the sole purpose of authorizing direct deposit payments to the relevant account. Any questions related to the collection of this information should be directed to the City Clerk, 1 Pembroke Street East, Pembroke, ON K8A 3J5