



SUPPLIER DIRECT DEPOSIT ENROLMENT APPLICATION

F 2347 (R2020-03)

FOIP/Privacy Notification: Personal information on this form is used to support the management and administration of supplier profiles and business transactions to acquire goods and services (i.e. purchase orders, requests for quotes, invoices, payments, etc.) and will not be used for any other purpose without consent. Personal information is collected and protected under Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. Questions about how this information is used can be directed to supplychain@calgary.ca.

PLEASE NOTE: Your enrolment/change of information will not take place unless all of the information requested in the **Supplier Direct Deposit Enrolment Application** form is completed including proof of banking information **meeting any ONE of the three requirements provided**. We will continue to issue a cheque and mail it to the address information on file if the payment cannot be deposited due to missing information.

Select One: Initiate Direct Deposit

SECTION A - SUPPLIER INFORMATION/AUTHORIZATION

Supplier Name (name that appears on your invoice)		* NOTE: • For limited companies, indicate business name as it is registered. • For proprietorships, please provide owners name if business uses a trademark name for invoicing.
Legal Name (if different from above) *		
Mailing Address		Is this a change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No
City	Province/State	Postal/Zip Code
Contact Phone Number ()	E-Mail Address for Delivery of Electronic Payment Remittance Advice	
TERMS AND CONDITIONS OF SUPPLIER DIRECT DEPOSIT ENROLMENT 1. Should The City of Calgary receive a valid legal demand on funds due to the Supplier, the payment will be forwarded, net of the amount due, by mail. 2. It is the supplier's responsibility to ensure all information is correct as stated. 3. It is the supplier's responsibility to inform The City of Calgary, in writing, a minimum of 10 business days in advance of changes taking effect. <i>I hereby authorize The City of Calgary to deposit payments for the above stated supplier directly to the financial institution designated on this form and that the account information provided is that of the supplier above.</i>		
Owner/Controller Signature		Date YYYY-MM-DD
Owner/Controller Name (please print)		Owner/Controller Title

SECTION B - BANKING/FINANCIAL INSTITUTION INFORMATION

Mark ONE of the following information choices being provided:

- A cheque marked VOID has been attached.
- The Banking/Financial Institution Information section below is completed including signatures and Bank stamp for validity.

Bank Stamp	Bank ID	Branch ID	Account Number - Exact Number Only - DO NOT ZERO FILL		
	Financial Institution Representative Signature				Date YYYY-MM-DD
	Financial Institution Representative Name (print)		Financial Institution Representative Phone Number ()		
	Name of Financial Institution		Branch Name		
	Address		City	Prov/State	Postal/Zip Code

Checklist for Supplier Review Prior to Submitting Application

- Supplier must supply email address for delivery of electronic statement of payment.
- Signature of owner/controller to authorize enrolment/change of information.
- Attach a void cheque **OR**
 - Complete Section B including signature and bank stamp from financial institution

Send the completed form to: APvendors@calgary.ca or

The City of Calgary
Corporate Accounts Payable, Mail Code #8041

Mail: PO Box 2100 Stn. M
Calgary, AB T2P 2M5

For Office Use Only

Supplier ID	Supplier Name		
Entered By	Date YYYY-MM-DD		
Checked By	Date YYYY-MM-DD		

Terms & Conditions:

- Supplier must provide Canadian banking information for CAN funds only, no foreign currency or foreign financial institutions accepted.
- Suppliers automatically go inactive after 18 months of inactivity. Reactivation requires confirmation of existing banking information in case of change/update required.