

## VENDOR ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Fanshawe College, Payment Services, offers vendors the opportunity to accept payment of invoices via electronic funds transfer. \*If you would like your company to receive payment by EFT, please complete the banking information below and mail, fax or e-mail to:

Fanshawe College, Payment Services Box 7005, London, Ontario, N5Y 5R6 Fax (519) 452-3923

payments@fanshawec.ca

For further information or questions call (519)452-4447

(Note: This documentation will not be kept on file. It will be securely destroyed after the first successful transaction.)

## **Electronic Funds Transfer Authorization:**

I hereby consent and give Fanshawe College, Payment Services, the authorization to use the banking information below to process all invoice payments directly to our company bank account. I understand this information will be kept confidential and not used for any other purpose. I also agree to notify Payment Services, in writing of any changes to the banking information provided below.

Authorizing Signature		Print Name	
Title/Position			
Please Print		Vendor I.D. (Office Use)	
Company Name:			
Address:	City:	Provinc e:	Postal Code:
Phone #:	Fax #:		
Contact Person:	Title:		
Email for Remittance Confirmation:			
Bank:			
Address:	City:	Provinc e:	Postal Code:
Bank I.D. Number: (must be 3 digits)	Transit Number: (must be 5 digits)	Account Number:	