



Vendor Profile & Electronic Funds Transfer (EFT) Application

Accounts Payable Division

3000 Guildford Way, Coquitlam BC V3B 7N2

Phone: 604-927-3040 Fax: 604-927-3035

Please email completed form to apinvoices@coquitlam.ca

Applicant Information

Legal Company Name: _____ Payable to: _____
(If different from legal company name.)

Mailing Address: _____

Remittance Address: _____
(If different from mailing address above.)

Employment Status (check one): Self Employed Individual Company Other (please specify): _____

If self-employed, please provide your Social Insurance Number: _____

(this information is requested for the issuance of T4A – Statement of Pension, Retirement, Annuity, and Other Income as per Income Tax Act 153(1)(g) and Regulation 200(1) and T5 – Statement of Investment Income as per Income Tax Regulation 201(1).)

Contact Name & Position: _____

Phone: _____ Email: _____

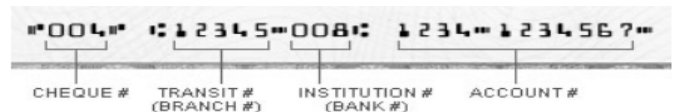
GST Registration #: _____ WorkSafeBC Account #: _____

EFT Payment Information (for assistance, please contact the City's Accounts Payable Division at 604 927 3040)

Please attach a VOID cheque with this form.

Name of Financial Institution: _____

Branch Address: _____



Name on Bank Account: _____

Transit # (5 digits) _____ Institution # (3 digits) _____ Account # _____

EFT Remittance Advice Email Address: _____

Disclaimer: I understand that I am responsible for ensuring the information provided is correct and current. I will not hold the City of Coquitlam responsible for lost or delayed payments where changes to the banking information have been made and not communicated to the City of Coquitlam in a timely manner. I hereby authorize the City of Coquitlam to process direct deposits to the account provided above. The information is collected in accordance with Section 26(c) of the Freedom of Information and Protection of Privacy Act and Income Tax Act and Regulations for the purposes of payment to the Vendor and (where deemed necessary) issuance of T4A and T5. Should you have any questions, please contact Financial Services Manager at 604-927-3036 or apinvoices@coquitlam.ca.

Authorized Name: _____ **Signature:** _____

Date: _____

Invoice Requirements: Please send one PDF invoice per email to apinvoices@coquitlam.ca.

Invoices are to include: Purchase Order Number, Purchase Contract, or Work Order Number, and City Contact name.