



City of Coquitlam

## Vendor Profile & Electronic Funds Transfer (EFT) Application

Finance Division

3000 Guildford Way, Coquitlam BC V3B 7N2

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

**Please email completed form to [vendorsetup@coquitlam.ca](mailto:vendorsetup@coquitlam.ca)**

Legal Name: \_\_\_\_\_ Payable to: \_\_\_\_\_  
(If different from legal name)

Invoicing as: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Employment Status (check one): ☐ Self Employed Individual ☐ Corporation ☐ 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 #: \_\_\_\_\_

**Please attach a VOID cheque with this form or your Direct Deposit information from your bank.**

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 email [vendorsetup@coquitlam.ca](mailto:vendorsetup@coquitlam.ca).

Authorized Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Your Contact at the City of Coquitlam (Name): \_\_\_\_\_

Date: \_\_\_\_\_

**Invoice Requirements:** Please send one PDF invoice per email to [apinvoices@coquitlam.ca](mailto:apinvoices@coquitlam.ca).

\*\*\*\*\* If applicable \*\*\*\*\*

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