**VENDOR REQUEST FORM**

**Required Data in** **Blue. Optional Data in Black.**

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| --- | --- |
| **Vendor Name:1** |  |
| **Owner Name:** |  |
| Contact Name: |  |
| Contact Phone: |  |
| Discount Code:2 |  |
| Student ID/Employee ID # |  |
| Email Address (if avail) |  |
| Business Address:🡺  Street Line 1 |  |
| Street Line 2 |  |
| City, State, Zip |  |
| Phone |  |
| Fax (if no email avail) |  |
| Pay To Address:3  (if different) |  |
| Street Line 1 |  |
| Street Line 2 |  |
| City, Province, Zip |  |
| Phone |  |
| Vendor Tax ID🡺4 |  |
| Electronic Funds Transfer 5 |  |
| SIN Number if applicable |  |
| Your Name & Phone🡺 |  |
| Your E-Mail🡺 |  |

1 Select either Corporation or Person, not both.

2 If you know the vendor always offers a discount for any reason (early payment, etc.) indicate it here.

3 If your vendor wants to receive cheques at an address which is different from the address where you placed the order, please indicate here.

4 Required for you to obtain from vendor prior to set up of vendor.

5 Fill out the attached form if you would like payment directed to your bank account (Canada only)

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| Date\_\_\_\_\_\_\_\_\_\_  Attention: Valued George Brown College Supplier  RE: Electronic Fund Transfer  The George Brown College of applied Arts and Technology is pleased to offer Electronic Funds Transfer (EFT) to vendors. With  EFT, you will no longer receive a cheque for payment. Instead, funds will be electronically transferred (i.e. directly deposited) to your bank account. A detailed remittance advice will be sent by e-mail or fax.  The following stipulations will apply:  1. The bank account must be a Canadian Bank.  2. Only invoices in Canadian dollars will be eligible for direct deposit.  3. The vendor must provide a valid email address for notification of direct deposit.  4. A void cheque (or clear copy of a void cheque) should be supplied to avoid errors in banking information.  To participate in our EFT program, please complete the section below, attach a void cheque and fax or email to:  *Wray Hodgson, Purchasing Manager*  *George Brown College, Finance & Business Services Division*  *P.O. Box 1015, Station B*  *Toronto, Ontario M5T 2T9*  *T: 416.415.5000 Ext. 6041*  *F: 416.415.4744*  *E: whodgson@georgebrown.ca* | | | | | | | | | | | | | | | | |
| **SUPPLIER/INDIVIDUALS INFORMATION** | | | | | | | | | | | | | | | | |
| Supplier’s Name: | | |  | | | | |  | | | | | | | |  |
| Contact Name: | | | |  | | | | | | | | | |  | | |
| Contact Phone #: | | |  | | | | | | Fax Number: | | |  | | |  | |
| Email address where we can send payment advice: | | | | | | |  | | | | | | | | |  |
| **BANKING INFORMATION** | | | | | | | | | | | | | | | | |
| Bank or Financial Institution: | | | | |  | | | | | | | | | | |  |
| Branch Address: | | | | |  | | | | | | | | | | |  |
| City: | | | | |  | | | | | Postal Code: | | |  | | |  |
| Bank #: | | (must be 3 digits) | | | | Branch / Transit #: | | | | (must be 5 digits) | | | | | |  |
|  |  | | | | | | | | | | | | | | |  |
| I hereby authorize George Brown College to transfer funds electronically to the financial institution designated above, unless changed by me in writing. | | | | | | | | | | | | | | | | |
| Supplier Signature: | | | | |  | | | | | |  | | | | | |
| **Date:** | | | | | **November 16, 2012** | | | | | |  | | | | | |
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| All banking information will be regarded as confidential and will be used strictly for implementation of this program. The Electronic Funds Transfer set-up will be confirmed once complete. | | | | | | | | | | | | | | | | |
| **▼ ATTACH VOID CHEQUE HERE ▼** | | | | | | | | | | | | | | | | |
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**Please submit to whodgson@georgebrown.ca**