

PAYMENT INFORMATION

Vendor Name	
Address	

To ensure the accuracy of our account information, **you must attach a voided cheque** and complete the following financial information:

Name of Financial Institution	
Address of Financial Institution	

BANK ACCOUNT INFORMATION:

Transit #	Bank #	Account #

REMITTANCE INFORMATION

Contact person: _____

E-mail address: _____

Name: _____ **Title/Position:** _____

Phone: (____) _____ **Fax:** (____) _____

Signature: _____ **Date:** _____

Please fax this completed form and a “void cheque” to 905-775-4472 to the attention of Cecilia Fick, A/P clerk or e-mail to cfick@townofbwg.com

All personal information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and Municipal Act, 2001 and will be used for the purposes of refunding payment to a payee. Questions regarding this collection may be directed to Cecilia Fick, Finance Dept, 61 Holland St E, cfick@townofbwg.com or 905-775-5303 extension 3105.