



Bissell Centre

Bissell Centre

10527 96 St, Edmonton, AB T5H 2H6

(780) 423-2285

accounting@bissellcentre.org

Dear Business Partner,

RE: Electronic Funds Transfer Payments

Bissell Centre is pleased to offer Electronic Funds Transfer (EFT) as a preferred payment option to you, our supplier.

Payment of invoices by EFT will benefit you immediately through:

- The elimination of your time spent depositing payments
- Immediate access to your funds on the due date.
- The elimination of delivery disruptions or lost mailings
- The elimination of the threat of fraud, lost or stolen cheques

If your business is eligible to receive EFT payments, please return the completed and signed by an authorized requester to accounting@bissellcentre.org.

Thank you

Sincerely,

Willow Irwin

Director, Finance and Community Economic Development
Bissell Centre

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10527-96 Street Edmonton, AB T5H 2H6
www.bissellcentre.org



United Way
Member Agency





Electronic Funds Transfer (EFT) - Vendor Enrollment Form

Please send completed form to accounting@bissellcentre.org:

PART 1: RECIPIENT INFORMATION/ACCOUNT HOLDER:

Legal Business Name: _____
 Company Operating Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone Number: _____
 Contact Person: _____
 Email Address: _____

PART 2: BANKING INFORMATION:

Information must be from a Canadian financial institution **only** and limited to one account.

Please complete following section and provide a VOID cheque.

The information provided must be legible. Bissell Centre will use the information provided as-is and is not responsible for payment errors resulting from incorrect information supplied by the vendor.

Financial Institution Name: _____
 Transit/Branch Number (5 digits): _____
 Institution/Bank Number (3 digits): _____
 Account Number: _____
 Bank Account Holder Name: _____

Part 3: AUTHORIZATION:

By signing below, I confirm I am authorized to provide bank information on behalf of the business named in Part 1 of this form

I/we, the undersigned, agree to the collection of my/our personal information by Bissell Centre, including my/our bank account details, pursuant to security and privacy procedures as set out by Bissell Centre. This information will be used by Bissell Centre solely for the purpose of issuing electronic payments into my/our bank account.

Name & Position	Signature	Contact Phone#	Date

Please email completed form and VOID cheque to accounting@bissellcentre.org

Instructions for Completing 'Electronic Funds Transfer (EFT) – Vendor Enrollment Form

Part 1: Recipient Information/Account Holder: Provide vendor name and address. Provide the name, email, and phone number of the individual who will be the primary EFT contact.

Part 2: Banking Information: The information provided by the vendor in this section will determine to which financial institution and account Bissell Centre directs payment.

IMPORTANT: To verify your banking information, please attach a copy of a VOID cheque to the completed form.

To find the account numbers see your blank cheques, bank statement, encoded deposit slip, contact your financial institution OR refer to the example below.



Part 3: Authorization: Proper authorization must be provided by an authorized official for Bissell Centre to process the EFT Request form. The authorized official should sign and date the form, as well as provide their title.

**Email the completed EFT form along with a voided cheque to:
accounting@bissellcentre.org**