



DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER (EFT)  
VENDOR PAYMENT ENROLLMENT FORM



ENROLLMENT

MODIFICATION

SECTION 1 – VENDOR INFORMATION

VENDOR NAME:	10 Digit Band Number:
MAILING ADDRESS:	BLUE FLAG NUMBER & ROAD NAME If applicable):
CITY & PROVINCE	POSTAL CODE:
CONTACT PERSON:	TITLE:
CONTACT PHONE NUMBER:	EMAIL ADDRESS (MANDATORY):

SECTION 2 – FINANCIAL INSTITUTION INFORMATION

BANK NAME:		
ADDRESS:		
CITY & PROVINCE	POSTAL CODE:	
BANK TRANSIT NUMBER (5 digits)	BANK (3 digits)	BANK ACCOUNT NUMBER:

SECTION 3 – VENDOR SIGNATURE AND AUTHORIZATION

I hereby authorize Six Nations of the Grand River Elected Council to deposit via EFT to the account indicated above for the purpose of paying vendor invoices.

\_\_\_\_\_  
Vendor Signature (must be contact person from Section 1)

\_\_\_\_\_  
Date (MM/DD/YYYY)

A void cheque must accompany this form. Please fax this form to 519-445-4208 or email to [ap@sixnations.ca](mailto:ap@sixnations.ca)

OFFICE USE ONLY – DO NOT USE	VENDOR #
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