****

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Request for Electronic Payment Services Form – Canadian Bank**  Please complete this form, scan it along with a copy of your Company’s void cheque and email them both to:  epayment.services@mcgill.ca   |  |  | | --- | --- | | **Supplier Id:** |  | |  |  | | **Supplier Name:** |  | |  |  | | **Supplier Address:** |  | |  |  | |  |  | |  |  | | **Remittance advice Email address:** |  | | **Sales Email address (for receipt of purchase orders):** |  | |  |  | |  | |  | |  |

#### Account Information: (complete for one account only)

## CAD$ Account

Bank Code Transit Number Account Number

|  |
| --- |
| Cheque # Transit # Bank Code Account #  (Not required) (Required) (Required) (Required) |

**ACKNOWLEDGED AND AGREED** TO THIS \_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signing Official