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| **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

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| --- | --- |
| **Supplier Id:** |  |
|  |  |
| **Supplier Name:** |  |
|  |  |
| **Supplier Address:** |  |
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|  |  |
| **Remittance advice Email address:** |  |
| **Sales Email address (for receipt of purchase orders):** |  |
|  |  |
|  |  |

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#### 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