



**Vendor Electronic Payment Registration Request**

**TO BE COMPLETED BY VENDOR**

**IMPORTANT**

- ▶ You must be a vendor with a business in Canada **AND** have a bank account in Canadian dollars.
- ▶ Direct Deposit payments carry no stub information

**Part 1 – Identification**

Name of Organization

Head office address

Business Number

City

Province or Territory

Postal code

Telephone number

Payment Contact Name (please print)

Email for Payment Advices (please print)

**Type of Request**

Check only one (✓)

New request for Direct Deposit

Banking information (provide new blank cheque)

Change

Cancel electronic payment and revert to cheques

**\*\*\*Please attach a blank cheque from your bank account with "VOID" written on it.\*\*\***

**Part 2 – Authorization**

Name and title of authorized representative and signatory (please print)

I, as an authorized representative of the above-mentioned organization entitled to receive payment from the Government of Canada, authorize the Receiver General for Canada to deposit the payment directly into the following account and to receive payment advices electronically until further notice.

Signature

Date (dd/mm/yyyy)

Witness (please print)

Title (please print)

Signature

**Mail completed form to:**

Canada Revenue Agency  
Finance and Administration Branch, Administration Directorate  
Vendor Code Program  
250 Albert Street, 8th Floor  
Ottawa ON K1A 0L5

**FOR CRA USE ONLY**

**PROCESSED BY**

Name (please print)

Vendor Code

Signature

Date (dd/mm/yyyy)

**VERIFIED BY**

Name (please print)

Date (dd/mm/yyyy)

Signature & Title

Payment method changed