



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

Change

Banking information (provide new blank cheque)

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