



Vendor Registration & Payment Application

New Application (Completed by Vendor) Modify Existing Vendor (Completed by Requesting Department)

VENDOR TYPE

Incorporated Company Employee
Self-Employed (SIN #) Committee Member (SIN #)

VENDOR INFORMATION

Vendor Name
Contact Person Position/Title
Remit to Address: Street P.O. Box
City Province/State
Postal Code/Zip Code Country
Telephone () Fax ()
Contact EmailAddress

PAYMENT INFORMATION

Payment Options: Electronic(EFT/Direct Deposit) Cheque
EFT/Direct Deposit Information: Name of Financial Institution
Financial Institution Address

PLEASE INCLUDE A COPY OF A VOIDED CHEQUE TO ENSURE ACCURACY & VERIFICATION PURPOSES

Bank Code Branch Transit
Bank Account #

Remittance Type (Please check off the preferred method)
FEDI/EDI No Remittance (Code B) Fax #
FEDI/EDI with Fax Remittance (Code C)
FEDI/EDI with Email Remittance (Code D) Email
ACH Direct Deposit No Remittance (Code E)
ACH Direct Deposit with Fax Remittance (Code F) Fax #
ACH Direct Deposit with Email Remittance (Code G) Email

Application Prepared By Phone # Date

Please remit the completed form via email payables@charlottetown.ca or by fax (902) 629-4191. If you have any questions regarding this application, please call the Accounts Payable Department at (902) 629-4111 or (902)629-6913

ACCOUNTS PAYABLE OFFICE USE ONLY

Vendor Id Entity: City Utility Initials Date