

Direct Deposit Form - Vendor

Vendor Information for Electronic Funds Transfer (EFT)

Company Name: _____

Address: _____

Phone Number: _____

Your statement of account from your bank will show payments from Southern Health-Santé Sud. Please give us your e-mail address and a confirmation notification will be sent when a deposit is paid to your account.

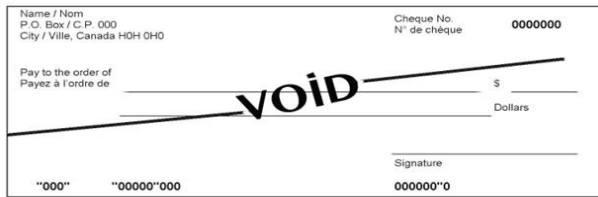
E-Mail address for confirmation of deposit: _____

Bank Account Information for Deposits



Please attach a blank cheque with your bank information on it. Write **void** across the front.

Type of account: Chequing Savings



Transit No. _____ Financial Institution _____ Account No. _____

For accounts without cheques, complete the following:

Type of account: Chequing Savings

Name of Bank or other financial institution: _____

Branch Address: _____

Transit No.: _____

Institution No.: _____

Account No.: _____

Authorization

I hereby authorize Southern Health-Santé Sud to deposit entries to the account indicated above, by electronic funds transfer.

Authorized Signing Officer: _____

Print Name: _____

Title: _____ Date: _____

Fax, e-mail or mail completed form and voided cheque to:

Southern Health-Santé Sud
 Accounts Payable
 180 Centenaire Drive
 Southport, MB R0H 1N1
 Email: AccountsPayable@southernhealth.ca
 Fax: 1-204-428-2779

Questions? Call (204) 428-2763 or e-mail AccountsPayable@southernhealth.ca