



To ensure the accuracy of your account information, **you must attach a void cheque sample or valid bank pre-authorized payment (PAP) form** and complete the following information:

Name of Financial Institution: _____

Address of Financial Institution: _____

ACCOUNT INFORMATION:

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Bank Code

--	--	--	--	--	--

Transit Number

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Account Number

REMITTANCE INFORMATION

Please provide a valid e-mail address. Your payment information will be sent to this address:

E-mail address: _____

Contact Name: _____

Title/Position: _____

Phone: _____

Fax: _____

Signature: _____

Date: _____

PLEASE SCAN and E-MAIL or FAX COMPLETED FORM AND PAP form or "VOID CHEQUE" SAMPLE TO 705-876-4615 or accountspayable@peterborough.ca, attention, Karen Dafoe.

City Use Only

Vendor Number: _____

Modified Vendor Master File _____

Verified by _____