

Office Use Only

Supplier Number	Date Entered	Entered by (initials)



Township of Langley Electronic Funds Transfer Form

**Indicates a required field*

Supplier Payment Information

*Supplier Name	
*Name of Financial Institution	
GST Registration Number	
GST Registration Name (if different from supplier name above)	

Remittance Information

Please indicate the email address you would prefer we send your payment details/remittance advice to. The remittance advice email will arrive from CBS <do.not.reply@tol.ca>. Please add this address to your contacts to eliminate undelivered emails due to spam and junk mail filters.

*Email	
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Contact Name		Title/Position	
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Phone		Fax	
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Void Cheque Required

To ensure the accuracy of our account information, we require that you attach void cheque (preferred) or documentation from your bank that indicates your company's Bank Account, Branch/Bank and Transit numbers.

*Signature _____

Please send the completed form and attachments to AcctsPay@tol.ca or fax to 604-533-6130