

# Electronic Funds Transfer

\*Indicates a required field

Please send the completed form and attachments to [ap@tol.ca](mailto:ap@tol.ca) or fax to 604-533-6130.

## 1 Supplier Payment Information

Supplier name*	
Name of financial institution*	
GST registration number	GST Registration name (if different from supplier name)

## 2 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 Township of Langley Accounts Payable at [ap@tol.ca](mailto:ap@tol.ca). Please add this address to your contacts to eliminate undelivered emails due to spam and junk mail filters.

Email*				
Contact name		Title/position		
Address		City	Province	Postal code
Phone	Fax			

## 3 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.

Applicant's signature

Print name

Date (mm/dd/yyyy)

### Office use only

Supplier number	Date entered (mm/dd/yyyy)	Entered by (initials)
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Any personal information collected on this form will be managed in accordance with the Freedom of Information and Protection of Privacy Act. Direct enquiries, questions, or concerns regarding the collection, use, disclosure, or safeguarding of personal information associated with this form to: Supervisor, Information, Privacy, and Records Management, Township of Langley, 20338 – 65 Avenue, Langley, BC V2Y 3J1 [foi@tol.ca](mailto:foi@tol.ca) 604.532.7396