

A vendor (corporate or individual) can use this form to have the payment of amounts owing by the Town deposited directly into a bank account. To be considered for enrolment, all fields below must be properly filled in.

Accounts Payable requires 30 day notice to process changes to banking information and email address or cancel the direct deposit payment method.

Request Type

- New application
 Change direct deposit banking information
 Cancel direct deposit (revert to cheque payment)

Identification (please print)

Name		
Address		
City	Province	Postal Code
Email address		
Telephone #	Fax #	

Banking Information

Bank Name		
Branch #	Institution #	Account #

Authorization

Name		Name	
Title		Title	
Signature	Phone	Signature	Phone
We are authorized signing officers for the purpose of completing this request. We authorize the Town of Fogo Island to deposit payments to the bank account identified above. We agree that the Town will not be liable for any loss occurring after the deposit has been made to the identified bank account. We also agree that any duplicate payment, overpayment or payment made in error will be promptly returned to the Town. Changes to information will be submitted by filing another form.			

Please mail the completed form to:

Town of Fogo Island

Site 5, Unit 2, Box 2

Fogo Island Central, NL A0G 2X0

Or email to: accounts@townoffogoisland.ca

Any questions about the information above can be directed to Tracy Torraville, Accounting Clerk at (709) 266-1320, extension 227.