



## Request for Electronic Funds Transfer Payment

Please complete and sign the form below, **providing a VOID CHEQUE** and forward by mail, by fax at (519) 271-4357 or by email to [accountspayable@stratford.ca](mailto:accountspayable@stratford.ca). If you have any questions, you can reach one of our Finance Clerk's at (519) 271-0250, extension 5204 or 5207. If you need assistance with this form, your bank or financial institution can assist you.

BANK/FINANCIAL INSTITUTION INFORMATION		
BANK NAME:		
ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
TRANSIT #:	BANK/INSTITUTION #:	ACCOUNT #:
VENDOR INFORMATION		
BUSINESS/INDIVIDUAL NAME:		
ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
PHONE #:	FAX #:	E-MAIL:
A/R CONTACT NAME:		

I am authorized to approve payments to be made directly into the above bank account and it is my responsibility to notify The City of Stratford in writing of any bank account changes.

Please print

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Notice of Collection

The personal information collected on this application form is collected under the authority of the Municipal Act, 2001 and will be used by Corporate Services staff for the purpose of administering the Electronic Funds Transfer Payment Plan and other administrative purposes. Questions regarding the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, ON, N5A 6W1 or by telephone 519-271-0250 extension 5329 during business hours.

### Alternate Format Statement

If you require this document in an alternate format, please contact the Clerk's Office at 519-271-0250 extension 5237 or email [clerks@stratford.ca](mailto:clerks@stratford.ca).