



220 Algonquin Boulevard East, Timmins, ON P4N 1B3  
[www.timmins.ca](http://www.timmins.ca)

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## **\*\* NOTICE \*\***

Dear supplier,

The City of Timmins has transitioned to electronic funds transfer (EFT). EFT is now the official form of payment by the City. EFT is a fast and secure way to receive payments from us. These save you time and money spent on deposit preparation. Payment notices will be emailed to you when payments are processed and the funds will go directly into your bank account. It eliminates the risks of fraud related to cheques lost in the mail.

Therefore to ensure efficient payment of your invoices, please fill out the attached information form and supply a VOID cheque from your bank account or take this form to your bank and have them verify your account information. Kindly forward this information by email to [accounts.payable@timmins.ca](mailto:accounts.payable@timmins.ca) or by fax at (705) 360-2699 or by mail to the following address:

City of Timmins  
220 Algonquin Blvd East  
Timmins, ON P4N 1B3  
ATTN: Accounts Payable

Thank you,

Accounts Payable Dept



Telephone: (705) 360-2600 ext. 3128  
Fax: (705) 360-2699  
E-mail: [accounts.payable@timmins.ca](mailto:accounts.payable@timmins.ca)

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**ACCOUNTS PAYABLE  
DIRECT DEPOSIT SET-UP FORM**

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Type of request:     1st time set-up                       Update of information

**Vendor Information**

Company name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email address: \_\_\_\_\_

**(required for remittance advice transmission)**

**Banking Information** (Either attach a VOID cheque or have this section completed by your bank)

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Telephone # of Bank: \_\_\_\_\_

Transit # (5 digits): \_\_\_\_\_

Bank # (3 digits): \_\_\_\_\_

Account # (min of 7 digits): \_\_\_\_\_

Branch official signature: \_\_\_\_\_

I have authority to bind my company to this agreement.

Authorized signature of  
company: \_\_\_\_\_

Print name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_