



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

**ALL INFORMATION IS REQUIRED.....PLEASE FILL IN EVERY BLANK**

<b>Vendor Information</b>	<b>PLEASE.....PRINT CLEARLY</b>
Company Name:	_____
Street Address:	_____
City:	_____ Province: _____
Postal Code:	_____ Phone #: _____
Email Address:	_____
(to be used for payment notification purposes – only one email address is permitted)	

<b>Account Information</b>	<b>YOU <u>MUST</u> CHOOSE OPTION A OR B:</b>
<b>Option A:</b>	Attach a "VOID" cheque to this form (please ensure that the banking numbers across the bottom of the cheque are legible).
<b>Option B:</b>	Attach a blank pre-printed deposit form from your bank which shows your account information.

I authorize The County of Brant to deposit my Accounts Payable payments to the above bank account and forward my remittance to the email address provided.

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

**Please Mail...Fax...or Scan & Email...this form (including Option A/B) to:**

County of Brant, Corporate Services-Finance

P. O. Box 249, 26 Park Ave.

Burford, ON N0E 1A0

Fax (519) 449-1380

Email: ap@brant.ca