Payment Information

Vendor Nam	e:		
To ensure th	e accuracy of our acc	count information, please attach a	void cheque with this
document an	d complete the follow	ving financial information:	
Name of Fina	ancial Institution:		
Address of F	inancial Institution:		
ACCOUNT INF	ORMATION (COMPLETI	E ONE ONLY)	
CAD\$ Accou	unt		
Bank Code	Transit Number	Account Number	
Organization	Name:		_
Contact Nam	e:		_
Contact Ema	il (for notification of tr	ransfer):	

NOTE: Any payment over \$50,000.00 must be sent via wire transfer to the recipient. Please be aware that in most cases there is a bank fee charged for the acceptance of a wire transfer. Please check with your bank for all details.