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Kiinauyaliqiyikkut
Department of Finance
Ministère des Finances

Application for Direct Deposit of Payments

Vendor Identification (please print clearly)

Company or Business Name (if applicable)	Phone

Last Name	First Name

Street Address or PO Box	City or Town

Territory or Province	Postal Code

Banking Information

– attach a void cheque OR have your financial institution verify the information in this section

Branch No.	Institution No.	Account No.

Name of Account Holder	Financial Institution's Stamp
Name of Financial Institution and Branch	
Branch Address and Postal Code	

Advice Options

I prefer to receive my deposit notice by (select one):

□ email □ facsimile □ mail

Provide email address, fax number or mailing address (as selected above):

Authorization

Until further notice, I authorize direct deposit of vendor invoice payments in the account designated above. I have the authority to give these directions on behalf of the vendor. I understand that this agreement may be cancelled at any time by myself or the Government of Nunavut.

Send the completed form to

By scan and email to:	By fax to:	By mail to:
Direct Deposit@gov.nu.ca	(867) 975-6814 Attn: Accounts Payable	Attn: Accounts Payable Department of Finance PO Box 1000, Station 360 Iqaluit, NU X0A 0H0

Access to Information and Protection of Privacy Act (Nunavut)

The personal information on this form is being collected for the purpose of depositing your payments directly into your bank account. Collection of this information is authorized under Section 40 of the *Access to Information and Protection of Privacy Act (Nunavut)*.

For Office Use Only

Date Received:	Vendor Number:	Verified By:	Date Verified:	Input By:	Date Input:	