



Application for EFT Direct Deposit

The information indicated on this form is confidential and will be used solely for the purpose of depositing your payments directly into your bank account. We will not release this information for any other purpose.

Completion of All Fields is Mandatory. Incomplete forms will not be processed.

Vendor Code (* if known)		
Family Name, First Name or Legal Name of Business / Corporation Name		
Address:		
Email Address for the EFT Notification (maximum 30 characters)		Telephone Number:
SIN (9 digits)	Date of Birth MM/DD/YYYY	GST Number for Businesses (15 characters)

Please attach a blank cheque (marked VOID) or a direct deposit information print-out from your online banking or letter from your financial institution.

AUTHORIZATION

*I (we) hereby authorize Government of Nunavut, Department of Finance to deposit, by electronic funds transfer the payments into the bank account identified in this form. This authorization agreement is effective as of the date this form is signed. I agree to submit an updated EFT Authorization Form to make any changes to the information provided.
I recognize that if I give incomplete information on this form, payments may be delayed.*

Vendor Authorized Signature: _____ **Date:** _____

PLEASE EMAIL YOUR VENDOR BANKING INFORMATION & COMPLETED EFT REQUEST FORM TO FINANCIAL CONTROLS:
controls@gov.nu.ca If you have any questions please call our office at 867-975-6828

<i>FOR INTERNAL USE - Government of Nunavut (Financial Controls) only</i>			
SOURCE DOCUMENTS ENTERED	SOURCE DOCUMENTS VERIFIED		
Print name: _____	Print name: _____		
Signature: _____	Signature: _____		
Date	Date		