



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