



Vendor Update Request (VUR)

Action

- Add
- Delete
- Modify

Table

- Vendor
- Customer
- Both

Payment Terms

- NA - Employee
- 20 - Northern
- 30 - Southern

Payment Method

- EFT
- Cheque

Deposit Notification

- Email
- Fax
- Regular Mail

Vendor Code: **BANK INFORMATION**

Branch Number:

Branch Name:

Financial Inst Number:

Bank Address:

Postal Code:

Bank Account #:

Name:

Address:

Zp/Pst Code:

EMAIL:

FAX:

TEL:

GST #

SIN

Birth date MM/DD/YYYY

Vendor/Customer Declaration:

I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. By signing this Declaration, I am hereby agreeing to all of the terms and conditions set forth below.

Signature: _____

Date _____

Terms and Conditions

This authorization is not an assignment of any right to receive payment and revokes all prior payment direction notifications applicable to these payments. This authorization may be cancelled or changed at anytime with the submission of another authorization form. Any direct deposit arrangement may be terminated at any time by the Government of Nunavut or the named financial institution. The information contained in this application form will be compiled and included in the Government of Nunavut's Financial Information System database. The information in the database will only be accessed by employees of the Government of Nunavut or agencies of the Government of Nunavut, who require the information to provide payments, collection or correspondence. No personal information, other than the information now provided, will be included in the Financial Information System database. This application must be signed by a person(s) with signing authority of the bank account being enrolled. If the direct deposit is unsuccessful, a cheque will be mailed to your address on file.

Access to Information and Protection of Privacy Act (Nunavut)

The personal information on this form is being collected for the purpose of depositing your cheque 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 internal use, Government of Nunavut, onlyRequesting Department: **ORIGINATOR**

Print name

Signature

AUTHORIZATION

Print name

Signature

REMARKS: