



# Vendor Update Request (VUR)

Email: Financial Controls (controls@gov.nu.ca)

### Action

- Add
- Delete
- Modify

### Payment Terms

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

### Payment Method

- EFT (Canadian Bank Accounts only)
- Cheque

### IF EFT, Deposit Notification by:

- Email only (maximum 30 characters or less)

Vendor Code:

*Family Name, First Name... or Corporation Name*

Name:

Address:

Zip/Postal Code:

Email:

Phone #:

### BANK INFORMATION

Transit (Branch) Number:

Branch Name:

Financial Institution Number:

Bank Address:

Postal Code:

Bank Account #:

Business/GST # (for corporation):  15 characters

SIN (for individual):  9 digits

Date of Birth (for individual):  MM/DD/YYYY

### Vendor 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)

Collection of this information is authorized under Section 40 of the Access to Information and Protection of Privacy Act (Nunavut).

REQUESTING DEPARTMENT:

Date:

#### ORIGINATOR

Print name:

Signature:

#### AUTHORIZATION

Print name:

Signature:

REMARKS:

### FOR INTERNAL USE - Government of Nunavut (Financial Controls) only

SOURCE DOCUMENTS ENTERED

SOURCE DOCUMENTS VERIFIED

Print name: \_\_\_\_\_

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date

Date

# Instructions for Completing the Form

**Step 1** Please complete the following fields on the Vendor Update Request form:

<b>Action</b>	Select " <b>Add</b> ", " <b>Delete</b> ", or " <b>Modify</b> " depending if you are setting up a new account, wish to remove your account from our system, or are modifying information previously supplied
<b>Payment Terms</b>	Select from one of the following: <b>NA - Employee</b> If you are an employee of the Government of Nunavut <b>20 - Northern</b> If your business is listed in either the Inuit Firms Registry or the Nunavut Business Registry <b>30 - Southern</b> Southern if neither of the above apply
<b>Payment Method</b>	Select " <b>EFT</b> " if you are choosing to receive payment by Direct Deposit to your Bank account. <b>Note that you must provide your banking information... and also provide your email address to receive deposit notification.</b> EFT is an option as payment method only for vendors with <b>Canadian Bank Accounts</b>
<b>Deposit Notification</b>	If you choose to receive payment by direct deposit, your deposit notification will be sent to the email address on file
<b>Vendor Code</b>	Please supply your Vendor Code if known (vendor code can be found on your cheque stub)
<b>Name</b>	Please provide your full Business name as registered, or your full name if not a registered business (Family Name, First Name)
<b>Address</b>	Please provide your full mailing address
<b>Email</b>	If you have chosen to receive payments by direct deposit, you must provide your email address  <b>Note that the e-mail address must be no longer than 30 characters (maximum 30 characters or less)</b>
<b>Phone</b>	Please provide your phone number including area code
<b>Bank Information</b>	Banking information must be provided if you have chosen to receive payments by direct deposit. In order to validate this information, please attach to your completed form one of the following documents: a void cheque ( <b>NOTE: PLEASE ENLARGE CHEQUE BEFORE SENDING</b> ), or a letter from your bank stating your account information (with bank stamp)
<b>GST / SIN / Birthdate</b>	If you have a business GST #, please provide it here. Business GTS # has 15 characters... example: 112346789RT0001 9 characters: Business Number 2 letters: Program Identifier 4 digits: Reference Number  Otherwise, you must provide your SIN and Birth date. SIN: 9 digits... 123 456 789 as an example Birth date: MM/DD/YYYY... 12/15/1960 example for Dec 15 1960
<b>Vendor Declaration</b>	Please sign and date the completed form

<b>Requesting Department</b>	For Internal (GN) Use Only
<b>Originator</b>	For Internal (GN) Use Only
<b>Authorization</b>	For Internal (GN) Use Only
<b>Remarks</b>	For Internal (GN) Use Only

**Step 2** Attach one of the following documents to your completed and signed VUR form: a void cheque (NOTE: PLEASE ENLARGE CHEQUE BEFORE SENDING), or a letter from your bank stating your account information (with bank stamp)

Additionally, you must attach a copy of your invoice or travel expense claim, as normally required to establish a vendor in the Government of Nunavut's financial systems

**Step 3** Send the completed VUR form and banking information (if enrolling for direct Deposit):

Please contact your Departmental Corporate Services representative. Completed and approved forms should then be sent by the respective Corporate Services divisions to Financial Controls at:

Email : [CONTROLS@GOV.NU.CA](mailto:CONTROLS@GOV.NU.CA) (please enlarge void cheques prior to faxing for legibility purposes)