



## AUTHORIZATION for ELECTRONIC FUNDS TRANSFER (EFT) PAYMENTS

Seneca College can make payments to your company via electronic funds transfer (EFT) instead of paper cheques. A Remittance Advice will be emailed to you when each EFT payment is made. During the interim period where the EFT receipt is being created, payments will continue to be made in paper cheque form. This applies to Canadian businesses only.

### FORM INSTRUCTION

Complete SECTION ONE and SECTION TWO below.

E-mail both pages of completed Form, and copy of signed VOID cheque (or official bank deposit form on bank letterhead) to the Department contact requesting EFT info, and to [accounts.payable@senecacollege.ca](mailto:accounts.payable@senecacollege.ca)

### SECTION ONE – COMPANY INFORMATION

#### Authorization and Contact Information

The undersigned authorizes Seneca College to make electronic funds transfer payments into the bank account defined below, and authorizes the institution to accept these deposits and make any necessary adjustments. It is understood and agreed that the company will pay any and all service charges that the bank may levy for the electronic receipt of funds into your bank account. It is understood that in the event that money is received in error, the company will contact Seneca College directly in order to return the funds to Seneca College.

This authorization will remain in effect until written notice of changes or termination is received by Seneca College. In no event shall Seneca College be liable for any special, incidental, exemplary or consequential damages as a result of the delay, omission or error in the transmission of an electronic payment, even if Seneca College has been advised of the possibility of such damages. In addition, neither party shall be liable for the act or omission of any financial institution or other party.

**COMPANY LEGAL NAME:** \_\_\_\_\_

**HST Registration Number:** \_\_\_\_\_

**HST Registered Name:** \_\_\_\_\_

MAIN CONTACT PERSON: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

E-MAIL ADDRESS\*: \_\_\_\_\_

\*(Required to receive remittance notification, outlining amount, and invoices paid)

NAME OF AUTHORIZED SIGNATORY: \_\_\_\_\_ TITLE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PO BOX: \_\_\_\_\_ PO BOX CITY: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

OFFICE TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

### SECTION TWO – BANK ACCOUNT INFORMATION

Ensure signed VOID cheque (or official bank deposit form on bank letterhead) is provided

BANK NAME: \_\_\_\_\_

BANK CODE: \_\_\_\_\_ BANK TRANSIT NUMBER: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_