

Procurement Services Date Stamp


 New Application **Change of Information**
Instructions:

1. All fields on this form are mandatory and must be completed by the vendor (please print) prior to submitting the form
2. Please attach a blank void cheque for all banking information provided below. If a void cheque is not available, please attach a letter from your financial institution confirming the banking information.
3. Send the completed application to ProcureToPay@smu.ca
Procure to Pay Services, Saint Mary's University, 923 Robie Street, Halifax, NS, B3H 3C3 OR Fax to 902-420-5180

VENDOR INFORMATION	Vendor Name			
	Contact in Accounts Receivable (Surname, First Name)		Contact's email (<i>mandatory</i>)	
	Contact Phone (include area code and extension)		Vendor Main Phone (if different than Contact Phone)	
	Vendor Remittance Address			
	City	Province/State	Postal Code/Zip	Country
	Email Address for Notification of Deposit (<i>mandatory</i>)			

BANKING INFORMATION	Name of Financial Institution		Account Number		<input type="checkbox"/> Chequing <input type="checkbox"/> Savings
	Institution No. (3 digits)		Branch Transit Number (5 digits)		
	Branch Address				
	City	Province		Postal Code	

The required banking information may be located on your bank statement, encoded deposit slip, cheque (see sample below), bank account passbook or obtained by contacting your financial institution.

			
1	2	3	4
↓	↓	↓	↓
<p>This is the cheque number (do not enter this number).</p> <p>This is the branch number (5-digit number).</p> <p>This is the institution number (3-digit number).</p> <p>This is the account number used for direct deposit.</p>			
<p>***** PLEASE ATTACH A CHEQUE MARKED "VOID" *****</p>			

AUTHORIZATION

I/we, the above named business, authorize Saint Mary's University to credit my/our bank account indicated above. I/we will notify Saint Mary's University Procure to Pay Services promptly in writing if my/our banking information is changed. I/we are authorizing signing officer(s) for the business. I/we have retained a signed copy of this authorization form.

Name of authorized signing officer(s) Signature(s) Date

For Financial Services Use Only

Procurement Services Approval	Date	Vendor ID
Setup Processed	Date	Address Type
Setup Verified	Date	Address Seq.