#807, 10215 – 108 Street
Edmonton, Alberta T5J 1L6
(780) 644-6000

NORQUEST COLLEGE

ELECTRONIC FUNDS TRANSFER (EFT) REQUEST FORM

Vendor Information:

Vendor Name: _____

Vendor Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Name: _____ Title/ Position: _____

Phone: (____)_____ Fax: (____)_____

E-mail address *(mandatory)*: _____

*** The remittance information will be sent electronically to your email address. NorQuest College does not mail or fax this information.**

Return Policy: _____ Restocking Fee: ☐Y or ☐N, if Y _____%

Banking Information:

Name of Financial Institution: _____

Account Information:

Transit # (5 digits): _____ Branch # (3-4 digits): _____ Account #: _____

Vendor's Authorization:

Please sign below to confirm that you are authorizing NorQuest College to begin transferring payments for your invoices to the account mentioned above.

_____ _____
Signature Title

( )
_____ _____
Phone Number Date

Please submit the completed form with your **Certificate of Insurance** and **WCB clearance letter** (if applicable) and **a VOID CHEQUE** via MAIL, FAX (780) 644-5930, or EMAIL to procurementandcontracts@norquest.ca

The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. It will be used for the purposes maintaining accurate vendor files and effecting electronic payments. Please direct any questions about this collection to: Assistant Controller, Financial Services, Room A801, 10215 – 108 Street, Edmonton, AB T5J 1L6 Telephone: 780 644 5952.

Financial Services Use Only	
Vendor #	
Date of update	
Approved by	Date