



Financial and Administrative Services Vendor Direct Deposit Information

Company Name:

Vendor Number

Company Address:

Contact E-Mail Address:

******* VOID CHEQUE REQUIRED FOR CHEQUING ACCOUNT *******

Please pay invoices for the above noted company via direct deposit to the following bank account.

Bank Name and Branch:

Branch Address:

Branch Telephone #:

Transit #: Bank ID # Digits)

Bank Account #:

Company/Vendor Representative (Print):

Company/Vendor Representative (Signature): _____

Date:

(Please print and Sign)

*Please complete and return to Disbursements
Financial and Administrative Services
Room 2022 Arts and Administration Bldg.
Memorial University
St. John's, Newfoundland
Canada, A1C 5S7
Fax (709) 864-7909*