



Vendor Information Form (New or Change of Information)

1. Request Information (required)

Date Requested	Requested by (Acadia Contact)	New Vendor <input type="checkbox"/>	Vendor Information Change <input type="checkbox"/>
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2. Vendor Information (required)

Vendor Legal Name		Trade or Business Name (Name on Invoice)	
Mailing Address (Physical Location)		City	
Province/State	Country	Postal Code/Zip Code	
Payment Remit to Address (if applicable)		City	
Province/State	Country	Postal Code/Zip Code	

3. Contact Information (required)

Sales Phone Number	Sales Contact Name	Email for Purchase Order*
Accounts Receivable Phone Number	Accounts Receivable Contact Name	
*Provide a PO email address that can be accessed by more than one individual at your company. A generic email address is preferred.		

4. Payment Information (required)

Credit Application Required? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach form.	Invoices are issued in the following currency: CDN <input type="checkbox"/> USD <input type="checkbox"/> Other <input type="checkbox"/>
Payment Terms: Net 30 (default) If Other, please specify:	
HST Registration # (if applicable)	SIN#/SSN # (For services provided under the HST registrant threshold of \$30,000/yr)
Acadia University pays North American vendors by cheque or EFT. International payments will be completed by Wire Transfer.	

Email completed forms to procurement@acadiau.ca

For Procurement Use Only

Approved / Declined:			
Set-up Completed by:		Date:	
New Vendor Approval by:		Date:	
Vendor Number Created:			



ACADIA

UNIVERSITY

To: Accounts Receivable Department

RE: Request for Supplier Banking Information

Acadia University is offering electronic fund transfer (EFT) payments for your invoices. Acadia is requesting your organization's banking information for the purpose of conducting electronic funds transfer. **Please note that Acadia will gradually be phasing out cheque processing.**

Payment of invoices by direct deposit will benefit your organization by eliminating your time spent depositing payments, providing you with immediate access to your funds on the due date, eliminating the possibility of delivery disruptions or lost mailings, and the threat of fraud, lost or stolen cheques.

Please complete the attached form and return it to us with a "void cheque" sample or letter from your bank, as soon as possible. The form can be sent by email to finance@acadiau.ca. Alternatively, the completed form can be sent in the mail at the address below.

Information that was previously provided on a cheque stub will now be sent to the email address you provide on the form.

Should you have any questions or concerns regarding this process, please contact our team by e-mail at:
finance@acadiau.ca.

Thank you for your continued support.

Sincerely,

Acadia University



Electronic Funds Transfer (EFT) Payment Authorization

I/We hereby authorize Acadia University to initiate EFT payments to our account at the financial institution named below for payment of our invoices.

Further, I/we agree not to hold Acadia University responsible for any delay or loss of funds due to incorrect or incomplete information supplied by my/our company or by my/our financial institution or due to an error on the part of my/our financial institution in depositing funds to my/our account.

This agreement will remain in effect until Acadia University receives a written notice of cancellation from me or my financial institution, or I submit a new direct deposit authorization form to finance@acadiau.ca.

Please complete the following and provide a **void cheque or letter from your bank** when returning this document. An authorized signing officer must sign the form.

Contact Name	
Contact Email	
Contact Phone	
Email for remittance advices	
Beneficiary legal name	
Beneficiary address	
Bank name	
Bank branch address	
Institution number (3 digits):	
Transit number (5 digits):	
Account number:	

Authorized signature	
Name and title	
Contact #	
Date	