University of Manitoba

Supplier Payment Services
200 -137 Innovation Drive
University of Manitoba
Winnipeg, MB R3T 6B6

Electronic Funds Transfer (EFT) Request Form for Canadian Suppliers/Contractors/Consultants

ALL FIELDS MUST BE COMPLETED

Vendor Information:

Legal Name:_____

Address:_____

City:_____ Province:_____ Postal Code:_____

Business Registration #/GST Registration #:_____

E-mail Address for Remittance Advice of the payment (required):_____

Vendor Banking Information:

Attach your Void Cheque here OR a Direct Deposit Letter with this form. (The Direct Deposit Letter from your financial institution must have a bank stamp and your signature OR be printed directly from the web browser, with url path name, of the secure online banking portal)

Name of Bank (A Canadian Financial Institution):_____

Branch Address:_____

City:_____ Province:_____ Postal Code:_____

Institution Number (3 digits):_____ Bank/Transit Number (5 digits):_____

Account Number:_____

Authorization:

As a vendor, I hereby authorize and direct that all payments due to the above vendor from the University of Manitoba be directly deposited to the above named bank account. I agree to notify SPS, in writing (at the address, indicated below), of any changes and allow the Department a minimum of 10 business days, after receipt of notice, to implement a change. I agree that this direct deposit service is a voluntary and optional service and further agree that I am responsible for and shall indemnify the University of Manitoba for any liability or damages howsoever caused that relate directly or indirectly to this service. I acknowledge and agree that it is my responsibility to provide correct information. The University of Manitoba has the right to convert payment by direct deposit back to payment by cheque, without notice.

Name (printed): _____ Title:_____

Signature:_____ E-mail: _____

Date: _____ Contact phone #:_____

Please submit to: EFTPayments@umanitoba.ca

FOR CENTRAL ADMINISTRATION ONLY:

Info processed by:_____ **Vendor#:**_____ **Date:**_____