

1

Please select one:

☐ NEW direct deposit setup ☐ CHANGE existing direct deposit setup

2

For corporate vendors; please select one:

☐ ONE bank account for all branches/divisions of company
☐ SPECIFIC bank account for specific branch/division (separate forms to be submitted for each branch/division)

Applicant's Information

3

Payable To: _____

Company Branch or Division (if applicable):

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: (_____) _____

4

Provide **ONE** of these documents:

☐ VOID Cheque
☐ A printout from your bank certifying your bank information

5

Signature: _____

TERMS & AGREEMENT: *The information provided is to be used for Direct Deposit purposes only and will not be shared or divulged to any third parties or employees outside of the City of Fredericton's Finance Department. It is my responsibility to send an updated Direct Deposit Enrolment form if banking information changes. Otherwise, continue to deposit payments using the banking information provided above.*

Print Name: _____ Date: _____

Email: _____

Provide a secure generic email address that will not be affected by any change of staff within your organization

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Deliver completed form to:

City of Fredericton
Accounts Payable
Direct Deposit Enrolment
397 Queen St.
Fredericton NB E3B 1B5

Faxes: (506) 460-2972 and e-mails: ap@fredericton.ca

For internal office use only

VID: _____ Initial: _____