



THE TOWN OF VIEW ROYAL

45 View Royal Ave, Victoria BC, V9B 1A6

Ph:250.479.6800 Fx: 250.727.9551

VENDOR PAYMENT BY ELECTRONIC TRANSFER

Vendor Information:

Vendor Name: _____

Address: _____

Main Phone: _____ Contact person phone: _____

Name/Title: _____

Financial Institution/ Bank Information:

Please attach a void cheque.

Name of Bank/Financial Institution: _____

Transit/Branch: _____ Bank/Inst #: _____ Account Number: _____

Remittance Advice:

View Royal accounts payable staff will email your remittance advice to the email address listed below. The printed EFT payment advice will be mailed via Canada Post if email is not available.

Accounts Receivable Email Address: _____

By signing below, the vendor acknowledges and agrees that all payments due from The Town of View Royal will be made by electronic funds transfer to the bank account designated above, and that any account changes will be made in writing to The Town of View Royal. Any payment errors that result from incomplete or inaccurate information on this form are the responsibility of the authorized signatory.

Authorized Signature: _____

Date: _____

Name: _____

Telephone: _____

Fax, scan and email, or mail completed form and voided cheque to:

Accounts Payable

Town of View Royal

45 View Royal Avenue

Victoria, BC V9B 1A6

Email:accounts payable@viewroyal.ca

Fax :(250)727-9551