



Saanich Pre-Authorized Vendor EFT Payment Plan

The Saanich Pre-Authorized Vendor EFT Payment Plan provides an opportunity for vendors to be paid via Electronic Funds Transfer (EFT) directly into their bank account rather than by cheque. The payments are made by authorizing Saanich to make an automatic transfer of payment to a chequing account at any Canadian financial institution in order to satisfy a bill or invoice for goods or services sold to Saanich. Once you are enrolled, ALL payments will be made to you by EFT unless you withdraw.

Plan Details

- The Vendor provides their banking information to the District of Saanich.
- Whenever invoices come into Saanich, the District will pay the Vendor by a direct transfer (EFT) into the Vendor's bank account, not by cheque.
- The District will e-mail a notification to the Vendor with payment details, showing the total to expect, which invoices are being paid and how much is being paid for each invoice.

Eligibility Guidelines

- 1) A bank account at a Financial Institution in Canada.
- 2) An Enrolment Form (see reverse) must be completed and submitted with one of the following:
 - a blank cheque marked "VOID", or
 - a clear photocopy of a blank cheque marked "VOID", or
 - a stamped document from your bank with bank account information.

Requesting Changes?

Written notification to the District of Saanich is required 15 days prior to a payment date for the following changes:

- Changing your bank account, bank, or branch; or
- Withdrawal from Pre-authorized Vendor EFT Payment Plans.

Contact / Sign-up Options

In order to enrol or make changes, please provide a completed Enrolment Form (see reverse) and banking information:

- In person, to the Accounting Division at the Saanich Municipal Hall, 770 Vernon Avenue
- E-mail PDF copies to: accountspayable@saanich.ca
- Fax them to 250-475-5429, or
- Mail them to:

Corporation of the District of Saanich
Attention: Accounting Division
770 Vernon Avenue
VICTORIA, BC V9A 2J1
Phone: 250-475-1775

**Saanich Pre-Authorized Vendor EFT Payment Plan
Enrolment Form**

- New enrolment
- Banking Information Change

Vendor Name: _____

E-mail address (for payment notifications): _____

Phone # & Contact Name (Accounting Dept.): _____

Financial Institution Name: _____

Banking Information for depositing purposes:

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Institution #

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Bank (Branch) Transit #

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Bank Account #

I / We hereby authorize THE CORPORATION OF THE DISTRICT OF SAANICH to credit my/our account at the institution indicated above in order to pay for goods and/or services that I/we have sold and provided to the District of Saanich.

AUTHORIZED SIGNATURE(S):

DATE: _____

All signatories must sign if more than one signature is required on cheques issued against the account for verification purposes. This authorization may be cancelled any time upon 15 days written notice. Any delivery of this authorization to you constitutes delivery by the signatory.

Please attach one of your cheques, or a clear copy thereof, marked 'VOID'. Alternatively, attach a stamped document from your bank detailing the account information.

Send to the attention of: ACCOUNTING DIVISION, FINANCE DEPT, DISTRICT OF SAANICH