New Vendor Set Up / Direct Deposit Form

Return Completed form to accpay@unb.ca

| REGISTERED BUSINESS INFORMATION | | | | |
|--|--|---|------------------------------------|---------------------------|
| Legal Company Name: | | | | |
| Preferred or Alternate Trac | de Name (if applicable): | | | |
| GST / HST Registration #: GST / HST # is not applicable: | | | | |
| | | | | |
| NON-REGISTERED BUSIN | IESS / INDIVIDUALS | | | |
| Individual Name: | First Name Middle Name | | Last Name | |
| UNB ID# or SIN: | *SIN is only required if you DO NOT ha | SIN is only required if you DO NOT have a UNB ID# for CRA purposes. | | n: |
| ADDRESS / CONTACT IN | IFORMATION | | | |
| Street: | PO Box: | | | |
| City: | Provin | Province: Postal Code: | | |
| Contact Name & Title: | | | Phone #: | |
| Non-Resident of Canada: | | | | |
| | | | | |
| PAYMENT INFORMATION | | | | |
| UNB's preferred method of payment is Visa. Please contact visapay@unb.ca for more information or set up. For payment by Direct Deposit please attach an Account Verification printout from on-line banking, a VOID cheque, or banking institution stamp to confirm bank account information provided below. | | | | |
| Method of Payment: | | | Institution | n Stamp |
| EFT Remittance Email: | | | | |
| | (Mandatory) | | | |
| Institution Number: | | | | |
| Branch Number: | | | | |
| Account Number: | | | | |
| Currency: | (If OTHER places enecify) | | | |
| We confirm that the bank account i | (If OTHER, please specify) | | a University of New Prunswick ///N | P) is not responsible for |
| We confirm that the bank account information provided above is correct and acknowledge that the University of New Brunswick (UNB) is not responsible for validating this information nor liable for its validity. We further acknowledge that payment to this account releases UNB from liability with respect to the amount so paid. UNB has our permission to confirm the above banking information with our financial institution if they so choose. It is the responsibility of the vendor to provide UNB with any changes to the bank account provided above. | | | | |
| Signature: | | _ | Date: | |