

## **Electronic Funds Transfer Authorization Agreement**

Supplier does hereby authorize the Metro Vancouver Regional District, Greater Vancouver Sewerage and Drainage District, Greater Vancouver Water District, or Metro Vancouver Housing Corporation ("Metro Vancouver") to pay Supplier electronically to the bank account indicated below, and authorizes the financial institution named below to credit such entries directly to the Supplier's account.

below, and authorizes the fir	nancial institution n	amed below to cred	lit such entries dire	ectly to the Supplier'	's account.	
<i>Note</i> : Your electronic credit i number changes for existing		n within two weeks a	fter the applicatio	n is received. A simi	lar waiting period may apply to account	
Financial Institution:					Phone Number:	
Branch Address:					US ABA Routing Number: (9 Digits)	
Bank Number: (3 Digits)	Bank Branch Number: (5			Bank Account Number:		
Attach a bank	letter signed l	by a bank repr	esentative or	a direct depos	sit form from the bank	
Please provide an email addr any required changes when i	ress for Metro Vand recipient staff leave	couver to send the Re			artmental email address will reduce	
Remittance Advice Email Add	dress:			<del></del>		
Governing Law:	This Agreement shall be construed in accordance with and governed by the laws of the Province of British Columbia.					
Notices to Metro Vancouver:	All notices to be given hereunder by Supplier shall be in writing and shall be validly given if sent prepaid regular, registered, or certified mail; hand-delivered; or email as follows:					
	<b>Mailing Address:</b> Metro Vancouver, ATTENTION Accounts Payable Supervisor, 26 <sup>th</sup> Floor, 4515 Central Boulevard, Burnaby, British Columbia V5H 0C6					
	Email: AccountsPayable@MetroVancouver.org					
	ATTENTION: Metro Vancouver, Accounts Payable Supervisor					
Notices to the Supplier:	All notices to be given hereunder by Metro Vancouver shall be in writing and shall be validly given if sent prepaid regular, registered, or certified mail; hand-delivered; or if sent by email to the Supplier's address as shown below.					
Contacts:	Questions to Metro Vancouver regarding electronic funds transfer should be directed to Metro Vancouver Accounts Payable Supervisor at (604) 432-6276.					
This Agreement may only be between Supplier and Metro					credit terms and requirements es and agrees that;	
<ol> <li>Supplier will advise Met</li> <li>All future payments by I</li> <li>All banking information</li> </ol>	Metro Vancouver (a	fter specified time f			ormation,	
Supplier Contact Inform (Please note that you may re	_		your banking det	aile \		
i icase note that you may re	cerve a can nom u			· · · · · · · · · · · · · · · · · · ·		
Supplier Name:		Authorized Repres (Required):	sentative Signature	Date:		
Printed Name:		Title:		<u> </u>		

## Email completed form to AccountsPayable@MetroVancouver.org

Phone Number:

## **Metro Vancouver Internal Use Only**

Address:

Name:	Approval:	Date:
Vendor Number:	Location:	Phone Number:
Notes:		

**Email Address**