CCMTA | CCATM

Canadian Council of Motor Transport Administrators
Conseil canadien des administrateurs en transport motorisé

New Request for Vendor Payment by Direct Deposit (EFT)

1. Customer Information:

Name: _____
Address: _____
City: _____ **Province:** _____ **Postal Code:** _____
Phone: _____ **Fax:** _____
Email: _____

2. Banking Information ***Please include a *VOIDED* Cheque***

Account Number: | | | | | | | | | | | Branch Transit Number: | | | | | |

Financial Institution Number: | | | Chequing: ☐ Savings: ☐

Financial Institution Name: _____
Address: _____
City: _____ **Province:** _____ **Postal Code:** _____

3. EFT Remittance Options

Please indicate the EFT remittance option you would prefer (Please check one only):

____Payment advice not required.
____Email Payment remittance to: _____

4. Authorization

Authorized Signature:

Printed Name:

Title: _____

Date: _____

Please scan and email the completed form with a voided cheque or encoded deposit slip to ar-ap@tac-atc.ca, or mail to 1111 Prince of Wales, Suite 404, Ottawa, ON K2C 3T2

If your company is using an email filtering program ("SPAM-blocker"), CCMTA remittance emails could be blocked. To ensure that you receive your remittance advice, contact your network administrator and have the following email address added to your company's 'safe' list: ar-ap@tac-atc.ca

OFFICE USE ONLY

Vendor ID: _____ **Date connected:** _____ **Connected by:** _____