

Direct Deposit Enrollment Form

☐ New Application	☐ Change to Existing Information
	eased to provide electronic funds transfer for vendor related payments. When processed posited into your account. The email will contain an attachment providing the same detail are stub.
Email: apayables@sprucegro Mail: City of Spruce Grove, 3 or Fax: 780-962-2526	15 Jespersen Ave. Spruce Grove, AB T7X 3E8, Attention: Accounts Payable Grove to deposit reimbursement payments to the above bank account and to forward my
Vendor Information – P	lease fill in all the information requested below:
Company Name:	
Mailing Address:	
	Province: Postal Code: GST #
Contact Person:	Telehone Number:
Email Address to send Re	emittance to:
Account Information-You	must choose option A or B
·	to this form (please ensure that the banking numbers across the bottom of the cheque matches the payable that is on your invoice).
Option B: Attach a bank pre-printed information.	deposit form or attach a letter from your bank, which shows your deposit account
I authorize the City of Spruce remittance to the email addr	Grove to deposit invoiced payments to the above bank account and to forward my ess provided.
Authorized Signature:	Date:
Printed Name:	Title:
	ted under the authority of section 33(c) the Freedom of Information and Protection of Privacy (FOIP) Act. It

will be used to process electronic funds transfers and bill payments with the City of Spruce Grove. The personal information provided will be protected in accordance with Part 2 of the Act. If you have any questions regarding the collection, use and disclosure of personal

information, please contact the FOIP Coordinator at 780-962-2611.

Revised February 27, 2018