



Vendor Electronic Payment Registration Request

Type of request

Check only one

New request

Change request

PART 1 – Identification

1. Legal business name		Operating name (if different)	
Head office address		City	Prov./Terr. Postal code
Remittance address (if different)		City	Prov./Terr. Postal code
CRA vendor code (if known)	Contract number (if applicable)	CRA contact (if known)	
2. Authorized representative's name		Email for payment advices	Telephone number

PART 2 – Bank information Please attach a blank cheque with "VOID" written on it or fill out Part 2.

Branch number	Institution number	Account number
Name of account holder(s)		

Financial institution's stamp here

Example:

1 2 3 4

1. Cheque number. 3 digits. Not required.
2. Branch number. 5 digits.
3. Institution number. 3 digits.
4. Account number. As shown on your cheque.

PART 3 – Authorization

I, as an authorized representative of this business entitled to receive payment from the Government of Canada, authorize the Receiver General for Canada to deposit all future payments directly into the bank account specified until further notice.

Name	Signature	<table border="1"> <tr> <td>Year</td> <td>Month</td> <td>Day</td> </tr> </table>	Year	Month	Day
Year	Month	Day			

Mail completed form to: **Canada Revenue Agency
Finance and Administration Branch, Administration Directorate
Vendor Code Program
250 Albert Street, 8th floor
Ottawa, ON K1A 0L5**

This information is required by the CRA for the purpose of collecting data to permit electronic payments.
Banking information will be protected under the provision of the *Privacy Act*, personal information bank number CRA PSU 931.