



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
Remit to 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 Void cheque Or the equivalent in the Form of a Bank letter or Direct Deposit Form available in your online account

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	Year	Month Day

Email completed form to: Your CRA contact if known or vendor.code@cra-arc.gc.ca

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.