

FOR OFFICE USE ONLY

Date (m/d/y): _____

Documents attached: yes no

VENDOR INFORMATION

Company name: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Contact: _____ Tel: _____

ACCOUNT INFORMATION

You must choose either **Option A** or **Option B**.

OPTION A

Attach a blank pre-printed deposit form or attach a letter from your bank which shows your deposit account information.

OPTION B

Attach a VOID cheque to this form. Please ensure that the banking numbers across the bottom of the cheque are legible and that the name matches the "payable to" on your invoice.

AUTHORIZATION

I authorize Lac Ste Anne County to deposit invoice payments to the above bank account and to forward my remittance to the email address provided. Please complete all of the information on the application and mail it to the County office, attention: Financial Services, or submit by email to: LSAfinance@LSAC.ca Supporting documents from Option A or Option B must be attached. Please ensure that information provided is clear and legible.

Name of Authorizer: _____ Signature: _____

Remittance email: _____ Date (m/d/yr): _____

This personal information is being collected in accordance with section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act*. This information will form part of a file that is publicly available on request. If you have any questions about the collection, use or disclosure of this personal information, please contact Lac Ste. Anne County FOIP Coordinator at the address below.

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