Manitoba
Finance

VENDOR DIRECT DEPOSIT PAYMENT FORM
* Please provide all requested information *

A. Reason for Submitting this Form (check any/all that are applicable to current Form):

- ☐ START Direct Deposit (provide banking information for the first time)
- ☐ CHANGE Banking Information (change banking information that was previously provided)
- ☐ WITHDRAW from Direct Deposit (return to payment by cheque)
- ☐ PROVIDE Email Address to receive payment details (... bank account must have been previously provided, or must be provided at this time)

Email address is:

Note: closing an account, before providing a new account and allowing time for changes, may result in delayed payment. However, if you need to immediately close an account to which you are currently receiving payment by direct deposit, contact the paying department identifying that you will be urgently submitting this form with backup documentation to "CHANGE Banking Information", or to "WITHDRAW from Direct Deposit" (use applicable check off box, above). New banking information will not be accepted by phone.

B. Bank Account (... Required to "START Direct Deposit" or "CHANGE Banking Information"):

ATTACH either a VOID CHEQUE, or a LETTER/CONFIRMATION obtained from the Bank/Financial Institution. This attachment must be *pre-printed by the bank* with the:

- Payee name - the name to which payment will be made by the Government of Manitoba,
- Current address – where an address has changed, the old/former address may be crossed-out and the new/current address written in,
- Full bank account, and
- Name and address of the bank

C. Authorization and Payment Recipient Details:

1. I authorize Government of Manitoba to make all payments due to the identified corporation/organization/payee, by direct deposit into the account provided on the **attached void cheque or letter/confirmation from the bank** (or as previously provided, where only an email address is being submitted at this time). As applicable, I have the authority to provide the above information on behalf of the corporation/organization/payee. The corporation/organization/payee will ensure that any change to banking information is promptly submitted to Government of Manitoba via submission of another, completed "Vendor Direct Deposit Payment Form". I acknowledge that it is my responsibility to provide correct information. I acknowledge that any changes may take several weeks to process, from receipt of the Form.
   The Government has the right to convert payment by direct deposit back to payment by cheque, without notice.

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2. **NAME** of Individual who is receiving payment; or **NAME and TITLE** of: the **"Authorized Officer"** for a corporation/organization, or **of all individuals representing a Joint Venture**

   Print Name: _____ Title: _____

3. **"SIGNATURE"** (Payee(s), or Authorized Officer)   **PHONE NUMBER**   **DATE**

   _____   ( ) ___ - ____   _____

4. **"YOUR VENDOR ACCOUNT"** number, if available (7 digits beginning with a "2", as found on any previously received "Cheque Stub", or "Remittance Advice"): _____

5. **PAYEE NAME** (*as per invoice*): _____

6. **MAILING ADDRESS** (*as per invoice*): _____
   (City/Prov): _____   **POSTAL CODE**: _____

Submit *completed* form, AND *personalized* void cheque or bank letter (if applicable), to paying department with next invoice or other documentation supporting payment due.

If paying department is unknown, phone: Manitoba Government Inquiries for direction: (204) 945-3744 in Winnipeg, or Toll Free at 1-866-626-4862.

D.

Government of Manitoba use, only		
Verified by:	Print name:	Phone number: (204) ___ - ___
	Signature:	Date:
	Department name:	

Fax or mail to Central Accounts Payable.