



## VENDOR SETUP-ELECTRONIC FUNDS TRANSFER (EFT) FORM

*To receive payments issued by the Peace River School Division*

**Complete ALL FIELDS below, attach a void personalized cheque and send to:**

The Peace River School Division  
4702 51 St  
Box 380  
Grimshaw AB T0H 1W0

Attention: Tammy Chaffey  
Email: [Finance@prsd.ab.ca](mailto:Finance@prsd.ab.ca)

**By completing and submitting this form you agree that your banking information will be used by the Peace River School Division for the purpose of automatically depositing Canadian dollar invoice payments directly to your Canadian dollar account.**

Peace River School Division remittance statements will be emailed to you from [Finance@prsd.ab.ca](mailto:Finance@prsd.ab.ca)  
Please ensure this email address is added to your list of contacts.

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**Supplier/Contractor Information:**      Date: \_\_\_\_\_      Vendor ID (internal use only) \_\_\_\_\_

Full Legal Company Name/Name of Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address (for remittance statements): \_\_\_\_\_

Telephone: \_\_\_\_\_ GST Number(If Applicable): \_\_\_\_\_

Printed Name of Company Contact: \_\_\_\_\_ Signature: \_\_\_\_\_

I want to be paid by Direct Deposit (Complete section below)      Mail me a Cheque

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**Supplier Bank Information: Complete the information and attach a void personalized cheque or direct deposit form issued by your recognized Canadian financial institution.**

Name of Bank: \_\_\_\_\_ [View cheque example](#)

Address of Bank: \_\_\_\_\_

Institution #: \_\_\_\_\_ Bank/Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_

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If at any time your banking information changes, please notify the Peace River School Division at the above address prior to the change by completing the required documents. In the absence of such notification, Peace River School Division will not be held responsible for misdirected funds.

**Example of a Canadian Cheque**

**FIRST LASTNAME**  
1234 AVENUE ST  
CITY, PROV. Z1Z 1Z1  
Tel: (416) 555-0999

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PAY TO THE ORDER OF \_\_\_\_\_ \$

100 DOLLARS

**IN Institution Name**  
Institution Full Name  
Internet: www.institution.com  
2345 Street Ave.  
City, Prov. Z1Z 1Z1

MEMO: \_\_\_\_\_

⑈000⑈ ⑆01234⑈001 1234 56⑈7⑈

⑈000⑈ ⑆01234⑈001 1234 56⑈7⑈

Transit #

Institution #

Account #