

### Transaction Type

 New Set Up**or** Cancellation**or** Change of Information

### Request Date

  
mm/dd/yy

### Supplier Information

Supplier Name: Alternate Name\*:  *\*If different from the supplier name*

Supplier Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	Province	Postal Code	Phone Number

Additional Location\*\*:  
  

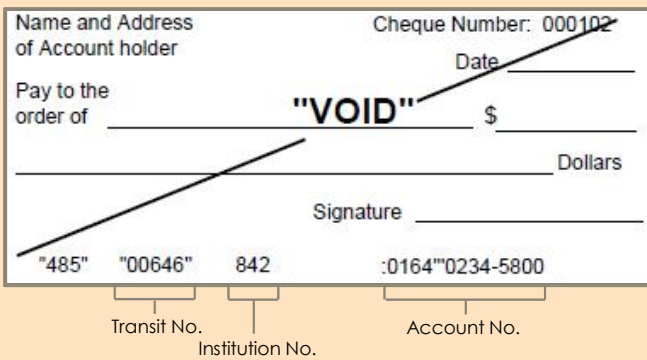
\*\* List all locations this bank information applies to. If more room is required, please list on the back of this form.

Contact Name:  Phone Number: Remittance Email\*\*\*: 

\*\*\* The Remittance email detailing the invoice number, invoice amount paid, date of the payment and the total dollar value of the payment will be sent to the remittance email address specified above.

### Banking Information

Please attach a voided cheque

Type of Account:  Business  Personal

Name and Address of Account holder: \_\_\_\_\_  
Cheque Number: 000102  
Date: \_\_\_\_\_  
Pay to the order of: **"VOID"** \$ \_\_\_\_\_ Dollars  
Signature: \_\_\_\_\_  
MICR line: "485" "00646" 842 :0164"0234-5800  
Transit No. Institution No. Account No.

Bank Name: 

Bank Address:

<input type="text"/>	<input type="text"/>
Street Address	City

<input type="text"/>	<input type="text"/>	<input type="text"/>
Province	Postal Code	Phone Number

Transit No.:  Institution No.: Account No.: **Please use this form to notify us immediately if your banking arrangements change.**

### Authorization

I (we) hereby authorize Stantec Consulting Ltd. To direct payments electronically to the bank account specified here. I (we) acknowledge that the origination of the EFT transactions to my (our) account must comply with the provisions of Canadian law. This authorization agreement is effective as of the effective date above and is to remain in full force and effect until Stantec has received notification of its termination. I (we) agree to submit an updated EFT Authorization Agreement Form to Stantec for the cancellation of this agreement or to make any changes to the information provided within this agreement.

Authorized Signature: Printed Name: Title: 

<input type="text"/>	<input type="text"/>
Phone Number	Date (mm/dd/yy)

**Scan and email the completed form and voided cheque to: [accountspayable@stantec.com](mailto:accountspayable@stantec.com)**Or **Mail** the completed form to:  
Stantec Consulting Ltd., Accounts Payable 10160 -  
112 St., Edmonton, AB T5K 2L6

### Questions?

Email [accountspayable@stantec.com](mailto:accountspayable@stantec.com) or call our  
Accounts Payable direct line: (780) 969-2221

If your company is using an email filtering program ("SPAM-blocker"), Stantec remittance emails could be blocked. To ensure that you receive your remittance advice, contact your network administrator and have the following email address added to your company's "safe" list: [accountspayable@stantec.com](mailto:accountspayable@stantec.com).

The individually identifiable and financial information on this form collected by Stantec Consulting Ltd. is used only for the purpose of payment of supplier invoices and will not be disclosed to anyone other than the claimant or his/her legal representative.