

ACCEPTED SCHOOL ACTIVITY VENDOR PROFILE SETUP FOR DIRECT DEPOSIT

Accepted School Activity - CONTACT INFORMATION

Organization Name:	<input type="text"/>	Telephone:	<input type="text"/>	Ext:	<input type="text"/>
Street Address:	<input type="text"/>	City:	<input type="text"/>	Province:	<input type="text"/>
				Country:	<input type="text"/>
Postal Code:	<input type="text"/>	HST/GST #:	<input type="text"/>	Email:	<input type="text"/>

TDSB Specific Contact Information :

Contact Name:	<input type="text"/>	Title:	<input type="text"/>	Telephone:	<input type="text"/>	Ext:	<input type="text"/>
Street Address:	<input type="text"/>	City:	<input type="text"/>	Province:	<input type="text"/>	Country:	<input type="text"/>
Postal Code:	<input type="text"/>			Email :	<input type="text"/>		

The Toronto District School Board is pleased to offer Electronic Funds Transfer (EFT) to accepted educational partners who charge a fee for their programming and services. With EFT, you will no longer receive a cheque for payment. Instead, funds will be electronically transferred (i.e. directly deposited) to your bank account. A detailed remittance advice will be sent by email.

The following stipulations will apply:

- i) The bank account must be with a Canadian bank.
- ii) Only invoices in Canadian dollars, submitted as per the terms of the partnership agreement, will be eligible for direct deposit.
- iii) The organization must provide a valid email address for notification of direct deposit
- iv) A void cheque should be supplied, if possible, to avoid errors in banking information

To participate in our EFT program, please complete the section below and attach a void cheque, if possible.

Scan and send to schoolactivities@tdsb.on.ca you have any questions, please contact: schoolactivities@tdsb.on.ca

Date:

Organization Banking Information:

Bank Name:	<input type="text"/>
Institution Number (3 digits):	<input type="text"/>
Transit Number (5 digits):	<input type="text"/>
Account Number:	<input type="text"/>

Please indicate preference for deposit notifications (i.e. e-mail or fax):

Indicate contact name, contact phone number and e-mail for deposit notifications (if different than reflected in Contact Information above):

Contact Name:	<input type="text"/>	Telephone:	<input type="text"/>
Mailing Address:	<input type="text"/>	Email:	<input type="text"/>

**Note: All banking information will be regarded as confidential and will be used strictly for implementation of this program.
The Electronic Funds Transfer set-up will be confirmed once complete.**

For any inquiries regarding the Purchase Order Process, please contact Lorraine Gilmour by phone: (416)395-8341 or email: Lorraine.gilmour@tdsb.on.ca

By signing this form, you are agreeing to accept Purchase Orders and Invoices after the event. Any deposit requirements must be invoiced separately while always referencing the Purchase Order number.

Signature: _____

Date: _____