

**VENDOR REQUEST FOR DIRECT DEPOSIT PAYMENT FROM THE PROVINCE OF MANITOBA**

**VENDOR INFORMATION (Please print) - New  or Change**

<b>VENDOR</b>	
<u>NAME/ADDRESS</u>	
<u>POSTAL CODE</u>	

**BANKING INFORMATION (Please print) -New  or Change**

<u>BANK/BRANCH</u>	
<u>ADDRESS</u>	
<u>POSTAL CODE</u>	
<u>BANK CODE</u> →	<u>TRANSIT CODE</u> →
<u>ACCOUNT #</u> →	

**-Mandatory-** Vendor Void cheque attached as verification of above banking information

*As a vendor, I hereby authorize and direct that all payments due to the above vendor from the Province of Manitoba be directly deposited to the above named bank account. I agree to notify, in writing, the Department of Finance at the address indicated below, of any changes and allow the Department a minimum of 10 business days, after receipt of notice, to implement a change. I agree that this direct deposit service is a voluntary and optional service and further agree that I am responsible for and shall indemnify the Province of Manitoba for any liability or damages howsoever caused that relate directly or indirectly to this service. I acknowledge and agree that it is my responsibility to provide correct information. The Government has the right to convert this payment method back to a cheque payment without notice.*

<p><b>VENDOR NOTE:</b></p> <p>You may choose to have your Financial Institution complete the "Banking information". Please advise your Financial Institution <u>business contact</u> to forward (not fax) your original completed form along with "void cheque" to the address below.</p> <p>Otherwise, please forward (not fax) your original completed, signed form and "void cheque" to:</p> <p>Manitoba Finance          Central Accounts Payable          711 – 401 York Ave          Winnipeg , Manitoba          R3C 0P8</p> <p>Telephone Contact - 945-3165</p>	<p><b>I certify that this information is valid, accurate and complete as at date of signing.</b>          (Print Name of Vendor/Authorized Officer)</p> <p>_____</p> <p><b>Signature of Vendor/Authorized Officer:</b></p> <p>_____</p> <p><b>Title/Telephone/Date</b></p> <p>_____</p> <hr/> <p><b>I certify that this information is valid, accurate and complete as at date of signing.</b>          (Print Name of Vendor's Financial Institution Authorized Officer)</p> <p>_____</p> <p><b>Signature of Vendor's Financial Institution:</b></p> <p>_____</p> <p><b>Title/Telephone/Date</b></p> <p>_____</p>
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