



## Appendix G2: DG07 Application for Direct Deposit of Payments to Vendors

### Important Notes

Kitchener-Wilmot Hydro Inc. can pay vendor invoices by direct deposit to the vendor's chosen corporate bank account with any financial institution in Canada.

- Care should be taken in completing your application. Incorrect information could cause delays in processing your payment.
- Complete a new form if you change the account information or stop the direct deposit.
- Do **not** close your old account until the next new payment deposits into your new account.

### Instructions

- Use this form to have your vendor invoice payments deposited directly into the account you identify in Part B **or**, to change direct deposit information.
- Complete section "A" (please print clearly).
- Have section "B" completed by your financial institution **or**, attach a blank cheque with the banking information encoded on it and write "VOID" across the front.

Mail or fax the completed form (including the "VOID" cheque, if required) to the following address:

Kitchener-Wilmot Hydro Inc.  
PO Box 9010  
301 Victoria St S  
KITCHENER ON N2G 4L2

Fax: 519-745-3631

### Section A – Vendor Identification (please print clearly)

**New Direct Deposit Application**                       **Change of Direct Deposit Information**

Company Name: \_\_\_\_\_

Service Address: \_\_\_\_\_ Unit: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Street: \_\_\_\_\_ **ON**

Contact Person: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Unit: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Street: \_\_\_\_\_ **ON**

Business Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Section B – Banking Information

Branch Number	Institution Number	Account Number																																
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Name of Account Holder: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

Branch Address: \_\_\_\_\_ Unit: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Street: \_\_\_\_\_ **ON**

Bank Official (please print) \_\_\_\_\_ First Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Last Name: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Signature: \_\_\_\_\_ Date (yyy/mm/dd): \_\_\_\_\_

### Section C – Authorization

Until further notice, I authorize direct deposit of vendor invoice payments in the account designated above.

Controller/Owner (please print) \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (yyy/mm/dd): \_\_\_\_\_