**SUBMIT BY EMAIL (PDF WITH SIGNATURE) TO CONTRACT MANAGEMENT:**

IESOCommercialServices@ieso.ca

with a cc to contract.management@ieso.ca

Capitalized terms not defined herein have the meanings ascribed thereto in the Contract.

| Date | insert date |
| --- | --- |
| Legal Name of Supplier | insert legal name of Supplier (the “Supplier”) |
| Name of Contract Facility | insert name of Contract Facility |
| Contract Title | insert contract title (the “Contract”) |
| Contract Date | insert Contract Date |

Pursuant to Section insert section reference of the Contract, the Supplier is hereby submitting this completed Prescribed Form - Payment Account Information to the Buyer. This Prescribed Form - Payment Account Information may also be used by the Supplier to change its account information from time to time

| **Account for Payments to the Supplier**(The following is expressly identified as Confidential Information of the Supplier) |
| --- |
| HST Registration Number | insert HST registration number |
| Name of Financial Institution | insert name of financial institution |
| Address of Financial Institution | insert address of financial institution - street, city, province, postal code |
| Account Name | insert account name |
| Account Number | insert account number |
| Transit Number | insert transit number |
| SWIFT Number | insert SWIFT number |
| Electronic Funds Transfer Accepted? | [ ]  Yes [ ]  No |
| Supporting Documentation Attached | [ ]  Void Cheque [ ]  Letter from Financial Institution |

|  |
| --- |
| Supplier: <insert legal name of Supplier> |
| Signature: |
| Name:       |
| Title:       |
| I have the authority to bind the Supplier. |
| Dated this       day of       , 20   |
| The signatory must be either a signatory of the Contract, a person authorized to receive Notices, or the Company Representative.  |