



# REGIONAL DISTRICT OF CENTRAL KOOTENAY VENDOR INFORMATION FORM

Company/ Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Email: \_\_\_\_\_ GST #: \_\_\_\_\_

WCB Number: \_\_\_\_\_

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**We Require** A VOID CHEQUE Scan or DIRECT DEPOSIT BANKING FORM To Complete Direct Deposit Setup otherwise Payment via Paper Cheque Will Be Set for the account

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Number: \_\_\_\_\_

Transit/Branch No.: \_\_\_\_\_

Account #: \_\_\_\_\_

Email Address for EFT Notifications: \_\_\_\_\_

**\*\*All invoices are to be submitted to this email only...ap@rdck.bc.ca\*\***

**\*\*All invoices must include an invoice number and any related PO or Contract Number\*\***

**ATTACH** A VOID CHEQUE Scan or DIRECT DEPOSIT ONLINE BANKING  
FORM TO **ENSURE CORRECT PAYMENT**

**\*\*Please return the completed form and backup to  
ap@rdck.bc.ca\*\***