



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: _____

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: _____

Void cheques or bank verification letters can be obtained through online banking or you can get one directly from your bank. If from online banking, you can download or a screenshot will be acceptable and submit with this form.

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

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