St. Michael's

Inspired Care. Inspiring Science.

#### **RECURRING PAYMENT FORM**

PAYABLE TO:			
PAYEE PERMANENT ADDRESS:		Suite #:	
City/Province: Postal Code:		Code:	
REMIT TO: (If different than Payee)			
ADDRESS: Suite #:		:	
City/Province:	Postal Code:		
RECURRING PAYMENT PERIOD From: To:			
PAYMENT AMOUNT: Payment Method: EFT ( )			
GST/HST (13%): Mailed (			
TOTAL AMOUNT: Pick-up ( )			
GST/HST REGISTRATION NUMBER: (Complete Page 2, Payment Schedule)			
SOCIAL INSURANCE NUMBER: (For Non GST/HST Registrants)			
Taxable & Non-Taxable Payments may not be combined on the same form.			
FREQUENCY: Weekly ( ); Monthly ( ); Quarterly ( ); Semi-Annual ( ); Yearly ( )   Month of the Year Month Year Month Year			
CHARGE TO: (Must be the same for all payments)			
CO Accounting Units Account Su	ub-Account Activity		
		-	
		-	
DESCRIPTION OF PAYMENT: (Please check and provide details)			
( ) ADMINISTRATION			
( ) EDUCATION			
( ) RESEARCH GRANT			
( ) CLINICAL TRIAL SITE			
( ) OTHERS (Please specify)			
AUTHORIZED NAME: POSITION:			
AUTHORIZED SIGNATURE: DATE:			
Please submit to Accounts Payable – 2 Queen Street East, 9th Floor, Room 906			
For Accounts Payable Use only Team Leader Review:	Date:	AP Clerk:	

# **Recurring Payment Form**

## **Payment Schedule**

## Payable To:

## Amount Per Payment:

	Due Date
Payment No.	Due Date
	1
	2
	3
	4
	5
	6
	7
	8
	9
1	0
1	1
1	2
1	3
1	
1	
1	
1	
1	
1	
2	-
2	
2	
2	3
Maximum 2	4