



Request for Vendor Payment by Direct Deposit (EFT)

A vendor (corporate or individual) can use this form to have the payment of amounts owing by Unity Health Toronto ("Health Network") deposited directly into a bank account. A payment advice showing payment details will be sent by email. It is recommended that the email account used for the payment advise be a secured generic account that will not be affected by a change in staff in your organization. **To be considered for enrollment, all fields must be properly filled in.**

Request Type

New application Update existing information

Identification (please print)

Name			
Address			Phone Number
City	Province	Postal Code	Country
Email address for remittance advice			
Not GST/HST Registered	GST/HST Account number		

New Banking Information - this section must be completed and supported by a voided cheque or encoded deposit slip

Financial Institution Name		
Financial Institution Type		
CAD\$ Account	USD\$ Account in Canada	USD\$ Account in USA
Branch number (5 digit number)	Institution number (3 digit number)	Account number (maximum 12 digit number)
ABA Routing Number (9 digit number)	Account Number (maximum 17 digits)	

Existing Banking Information - this section is for change requests only

Financial Institution Name		
Financial Institution Type		
CAD\$ Account	USD\$ Account in Canada	USD\$ Account in USA
Branch number (5 digit number)	Institution number (3 digit number)	Account number (maximum 12 digit number)
ABA Routing Number (9 digit number)	Account Number (maximum 17 digits)	

Authorization - requires two authorized signatures to protect your organization, if applicable

Name		Name	
Title	Phone	Title	Phone
Signature	Date (DD/MM/YYYY)	Signature	Date (DD/MM/YYYY)
<p>We are authorized signing officers for the purpose of completing this request. We authorize the Health Network to deposit payments to the bank account identified above. We agree that the Health Network will not be liable for any loss occurring after the deposit has been made to the identified bank account. We also agree that any duplicate payment, overpayment, fraudulent payment or a payment made in error will be promptly returned to the Health Network. Changes to information will be submitted by filing another form</p>			

Please **scan and email** the completed form with a voided cheque or encoded deposit slip to our monitored email addresses as applicable:

St. Michael's Hospital and Providence Healthcare sites: accountspayable@unityhealth.to

St. Joseph's Health Centre site: acctspayable@stjoestoronto.ca