

RECURRING PAYMENT FORM

PAYABLE TO:						
PAYEE PERMANENT ADDRESS:						
						Postal Code:
REMIT TO: (If different than Payee)						
ADDRESS:						
City/Province:						Postal Code:
RECURRING PAYMENT PERIOD						
			From:			To:
PAYMENT AMOUNT:						Payment Method: EFT
GST/HST (13%):						CHK
TOTAL AMOUNT:						Pick-up
GST/HST REGISTRATION NAME:						
GST/HST REGISTRATION NUMBER: (Complete Page 2, Payment Schedule)						
SOCIAL INSURANCE NUMBER: (For Non GST/HST Registrants)						
<i>Taxable & Non-Taxable Payments may not be combined on the same form.</i>						
FREQUENCY:	Weekly	Monthly	Quarterly Month of the Year	Semi-Annual	Yearly	
CHARGE TO: (Must be the same for all payments)						
Co	Accounting Unit	Account	Project Number	Amount	HST/GST	Total
DESCRIPTION OF PAYMENT: <i>(Please check and provide details)</i>						
ADMINISTRATION						
EDUCATION						
RESEARCH GRANT						
CLINICAL TRIAL SITE						
OTHERS (Please specify)						
AUTHORIZED NAME:					POSITION:	
AUTHORIZED SIGNATURE SEE ATTACHED					DATE:	
Please submit to Accounts Payable – 2 Queen Street East, 8th Floor, Room 800 If related to Research or Trust, send completed requisition to: researchfinance@smh.ca						
<i>For Accounts Payable Use only</i>				<i>Team Leader Review:</i>	<i>Date:</i>	<i>AP Clerk:</i>