

## RECURRING PAYMENT FORM

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

# Recurring Payment Form

## Payment Schedule

**Payable To:**

**Amount Per Payment:**

Payment No.	Due Date
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
<b>Maximum</b>	24