Annapolis Valley
Regional Centre for Education

121 Orchard Street
PO Box 340
Berwick NS
Canada B0P 1E0

Accounts Payable Department
Tel: 902-538-4738
902-538-4618
902-538-4624
Fax: 902-538-4657
accountspayable@avrce.ca

NEW TRADE VENDOR REQUEST FORM

Return Completed Form to the Accounts Payable Department

Company Name: _____

Last Name: _____ First Name: _____

Street Address: _____ City: _____

Prov: _____ Postal Code: _____ Phone# : ( ) _____ Fax# : ( ) _____

HST Registration Number (Canada Revenue Agency): _____

HST Registered Business Name with CRA: _____

E-mail Address: _____

BANKING INFORMATION

One of the following pieces of information MUST be included with this form: Void Cheque, Company Deposit Slip or Letter from Financial Institution or a Copy of Bank Statement with financial transactions blacked out; otherwise, the Direct Deposit information will not be processed. It must include financial institution information and bank account details.

Financial Institution Name: _____

Street Address: _____ City: _____

Prov: _____ Postal Code: _____ Phone# : (____) _____

Transit #: _____(5 digits) Bank code _____ (3 digits) Account #: _____

Type of Account: ☐ Chequing ☐ Savings

I hereby authorize the Annapolis Valley Regional Centre for Education to deposit all of my payments directly to the Financial Institution and applicable account as indicated above. Signing Officer should be the person or persons who are authorized to approve billing accounts.

_____ _____

DATE Signing Officer's or Owner's Signature

Any future changes to these banking arrangements **MUST BE FORWARDED** to:
Annapolis Valley Regional Centre for Education, A/P, PO Box 340, Berwick NS B0P 1E0,
Fax: 902-538-4657 or E-mail: accountspayable@avrce.ca