
DIRECT DEPOSIT AUTHORIZATION

TO: BMO Financial Group
Accounts Payable
P.O. Box 370
Succursale St-Jacques
Montréal, QC
H3C 2T1

FROM: Supplier Reference Number:

SUBJECT: INVOICE PAYMENTS VIA DIRECT DEPOSIT

In order to receive payment via direct deposit, the following criteria must be met:

- Your bank account is held at a Canadian financial institution;
- The branch of your account is located in Canada;
- Your account is administered in Canadian currency;
- The account name corresponds with the name under which the invoice is issued; and
- You have provided an email address of fax number for receiving our confirmation of the deposit.

PLEASE RETURN THE COMPLETED AND SIGNED FORM WITH A VOIDED CHEQUE TO THE ABOVE ADDRESS.

Please remit invoice payments via direct deposit to the following account:

INSTITUTION: _____

BRANCH: _____

ACCOUNT NO. _____

(Please attach a voided cheque)

E-MAIL ID: _____

(Please print)

FAX NO: _____

TELEPHONE: _____

Signature: _____

Name _____

(Please print)

Date: _____