



TOWN OF MOUNT ROYAL

**Treasurer's Office and
Material Resources**
Accounts Payable
90 Roosevelt Avenue, H3R 1Z5
Telephone: 514-734-3024
cf-ap@ville.mont-royal.qc.ca

DIRECT DEPOSIT REGISTRATION OR MODIFICATION

Registration

Modification

Effective Date _____

day / month / year

Identification (Please print)

Legal name of company _____

Address _____

City _____

Province _____

Postal code _____

Telephone number _____

Fax number _____

Email address
(for deposit notices) _____

Québec enterprise
No. (NEQ) _____

GST No. _____

PST No. _____

Banking information

Name of financial institution _____

Branch number _____

Institution number _____

Account number _____

Memo _____

Signature _____

Sample cheque
(to locate required information)

|| 00 1 ||

1 2 3 4 5 0 1 2 1

1 2 3 1 2 3 0 ||

Cheque number

Branch number

Financial institution number

Account number

Authorization

I hereby certify that I am the authorized representative of the company. I authorize the Town of Mount Royal to directly deposit the amounts due to the company in the account indicated above and to communicate using the email address provided. I agree that the Town will not be held liable for any losses that may occur once the deposit has been made to the company account. I also agree that any overpayment or duplicate or fraudulent payment made by mistake will be immediately reimbursed to the Town.

First and Last Name _____

Position _____

Signature _____

Date _____

day / month / year

Please return the completed form by regular mail or email only. We will not accept any forms received by fax.