



CITY OF  
YELLOWKNIFE

## ELECTRONIC PAYMENT INFORMATION FORM

Please complete and submit the following form along with a VOID cheque by fax to (867) 920-5649 or to [FinanceDivision@yellowknife.ca](mailto:FinanceDivision@yellowknife.ca) or the following address:

City of Yellowknife  
Attention: Accounts Payable  
P.O. Box 580  
Yellowknife, NWT X1A 2N4

Vendor ID: \_\_\_\_\_

### Please complete the following:

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor Email Address: \_\_\_\_\_

Vendor Fax Number: \_\_\_\_\_

Bank Information: Please attach a VOID cheque or copy thereof

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Institution (3 digits): \_\_\_\_\_ Transit # (5 digits): \_\_\_\_\_

Bank Account (12 digits max): \_\_\_\_\_

Authorized Signing  
Officer's Signature

Printed Name

Officer's Title

Date of Signature

Phone #

Fax #