

ACH Payment | Financial Institution Information Form

Supplier Company Information	
*Name:	
*Address:	
*Mailing Address:	
*Country:	
*Telephone Number:	
*Accounting Telephone Number:	
*AR Contact Name:	
*Email Address:	
Financial Institution Information	
*Name:	
*Address:	
*Country:	
Telephone Number:	
Toll Free Telephone Number:	
*Bank Account Type:	☐ Saving
*Routing Number:	
*Account Number:	
IBAN/Swift Code:	
Swift/BIC:	
Name of Beneficiary Bank Account:	
REQUIRED Documents	
To enroll in ACH payments, we require <u>at least one</u> of the following documents:	
❖ A blank check with the word "VOID" written across it;	
❖ A bank letter with your ACH account information and an authorized signature from your banking	
representative	
If depositing to a savings account, a pre-printed deposit slip from the account	
ACH Vendor Agreement	
OIAA is authorized to initiate automatic credits to the account and financial institution listed herein. I also	
authorize OIAA to process ACH reversals in accordance with the National Automated Clearing House Association	
(NACHA) rules in the event a credit entry is made in error. OIAA will not be held responsible for any delay or loss	
of funds due to incorrect or incomplete information supplied by me, or my financial institution, or	
due to an error on the part of my financial institution ir	
contacted my financial institution and that the information supplied herein is the correct information to receive	
ACH credits to my account. This agreement will remain in effect until OIAA receives a written notice of	
cancellation from me or my financial institution, or until I submit a new ACH Request Form in such time as to	
afford OIAA a reasonable opportunity to act upon it.	
Signatures Authorization	0 1 6
Completed By:	Counter Signed:
Date:	Date:
Title:	Title:
Questions	
If you have any questions, please contact Procurement Services via email at	
ProcurementServices@FlyOntario.com	

^{*}Required Field