

Provider and Direct Deposit Information

Date (YYYY-MM-DD)

A STATE OF THE STA						
Important - Please complete one form per payment address.						
Provider information						
Name as it is registered with the Canada's Business Registries		entreprises du Québec (NEQ) o	or with Name of	payee		
Business number (NEQ) as it appears in the Registre des entreprises du Québec		Federal business number (BN) as registered with Corporations Canada		GST/HST Number	QST Number (if applicable)	TQ
				9 DIGITS	10 DIGITS	4 DIGITS
Payment address (street number, street name, office)				City		
Province			Country Postal code			Postal code
Phone number (work) Extension Fax number Email address where you'd like to receive confirmation of direct deposit payments. (Note: Emails will include the invoice number, your bank account information, the date and the amount of the direct deposit payment)						
Provider diversity						
Are the owners of your bus Are you a diverse supplier? * A diverse provider is an o	siness less than * Yes Norganization than women, Local limitations o		o to the category the controlled by pec	at applies. ople who belong to t		
Direct deposit payme	nts					
Send an electronic copy of a void cheque along with this form.						
If you're registered for AccèsD, here's how to obtain an electronic copy of a void cheque: • Log in to AccèsD.				D.H. DAVHENDER 123 MAIN STREET WEST ANYTOWN, PROVINCE AZB 3C4 TEL: (123) 458-7890 PAY TO THE ORDER OF		
 Click the 3 dots to the right of your balance in the account you want to use. Then, click Void cheque. Download the letter and send it with this form. 						
				"**** :: 1234:	5-815: 123-456-7	HIZE-SOZIII H. H.
If you don't bank with Desjardins, check with your financial institution.						
Acceptance Sending this form means y	you agree to re	ceive payments by direct de	eposit.			
Authorization Specify the Desjardins cor	nponent you wi	II be billing:				
and amount).Checking this box authUse the information void cheque;	orizes all Desja in this form to t	ardins components to:	o the above-menti	oned business by di	ons with payment details (invirect deposit to the account in ount).	

Information on sending this form

Name

Save this form on your computer and fill it out. Once done, send an electronic copy of a void cheque with this form to appro.creation.fournisseurs@desjardins.com.

Please contact us at appro.creation.fournisseurs@desjardins.com if you need any additional information.

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Position