Direct Deposit Authorization for *Vendors* & Non-Employees
(Invoice Payments & Reimbursement Claims)

Vendor/Non-Employee Name: _____

Vendor/Non-Employee Address: _____
Street Address

_____
City/Town

_____
Province Postal Code

Contact Name for Payment: _____

Phone Number: _____

Email address: _____
(Automated notification will be sent to this email address. For vendors, preferably a general company email address (ex. Accounts.Receivable@org.ca) if it is available vs. specific individual email address)

I hereby authorize the University of Regina to make payment of our invoices to the financial institution indicated above.

Date: _____ **Signature:** _____
Handwritten signatures only
(Digital signatures NOT accepted)

Please return this form, along with a void corporate cheque or an official document containing your banking information, by mail to:

University of Regina
Financial Services – Accounts Payable
3737 Wascana Parkway
Regina, SK S4S 0A2

OR

Email the completed form and supporting banking document to:

Accounts.Payable@uregina.ca