DIRECT DEPOSIT AUTHORIZATION FORM

(For Payments by ORCF to Vendor)

Vendor Code:
(ORCF Finance Use Only)

Reset Form

Ontario REALTORS Care® Foundation
15 Kern Road
Toronto, ON M3B 1S9
Telephone 416-445-1315
Fax: 416-445-2113
www.realtorscareontario.ca

PART 1: Transaction Type **(*) Following fields are mandatory**

New Direct Deposit ◯ Direct Deposit Cancellation ◯ Change Banking Information ◯

PART 2: **Vendor Identification** Company ◯ Individual ◯

*Company or Individual Name			*Business Phone
* Contact Name			Cell Number
*Address			
*City	*Province	*Postal Code	* Email

PART 3: Authorization for Direct Deposit

I, the undersigned, hereby authorize the Ontario REALTORS Care® Foundation ('ORCF') to initiate direct deposit of funds to the account and financial institution indicated in Part 4 below and I hereby agree : (i) to repay promptly any amounts deposited in error; (ii) that ORCF may set off such amounts from any subsequent payments; and (iii) that it is my responsibility to provide current, complete and accurate banking information and that the failure to do so may delay processing of invoice payment or funds may be erroneously transferred electronically; (iv) that it is my responsibility to verify payment has been credited to my account; and (v) to promptly notify ORCF of any changes to the banking information herein in writing by completion and submission of a new Direct Deposit Authorization Form.

The authorization for setup of a new Direct Deposit will remain in effect until a Direct Deposit cancellation request is received. The undersigned must allow 4 - 6 weeks for terminating Direct Deposit and is responsible for notification of any change in financial institution information. Provided ORCF has acted in accordance with the instructions contained herein, ORCF shall not be liable if funds are not received by Vendor.

*Authorized Signature	*Printed Name	*Date
X		

PART 4: Financial Institution

*Financial Institution Name	*Fin. Institution Code	*Routing Transit Number

*Bank Account Number

Instructions:

1. Fill in all fields legibly and completely *(keep a copy for your own records)*
2. Attach an image of a void cheque to secure PDF of form. Make sure that the financial institution number; account number and bank routing numbers on the cheque are the same as in Part 4 above.
3. Send the Form in secure PDF format to DirectDeposit@orcf.ca The password to unlock the secure PDF should be sent separately to AccountsPayable@orcf.ca
4. Please notify the ORCF Finance department immediately of any changes to your bank account information *by completing a new copy of this form.*
5. A payment advice confirming fund deposit will be e-mailed to you at the above e-mail address **Please note that we can not use Direct Deposit payment unless we have a completed and signed copy of this form on file.**

PLEASE COMPLETE AND RETURN AS A ***SECURE PDF*** DOCUMENT TO:

ORCF

Finance Department

c/o DirectDeposit@orcf.ca

Please send the access password to AccountsPayable@orcf.ca

Input Date: Input By: _____