**\*CANADIAN VENDORS AND CANADIAN FUNDS\***

**NSLC VENDOR/SUPPLIER NUMBER**: \_\_\_\_\_\_\_

**SUPPLIER INFORMATION REQUIRED FOR ELECTRONIC FUNDS TRANSFER (EFT)**

Supplier Name: \_\_ \_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (no PO Box allowed)

City, Province: \_\_\_\_\_\_ Country: Canada Postal Code: \_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (For remittance documentation)

**BANK INFORMATION REQUIRED FOR ELECTRONIC FUNDS TRANSFER (EFT)**

In order for the NSLC to process payments, we require the following banking information and a **copy of a voided cheque**.

Account Holder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Name: \_

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

City, Province Country: CANADA \_

Postal Code: **Type of account**: Savings \_\_\_\_ Chq \_\_\_\_ \_

**Account Number:** **Currency of Bank Account**: \_\_\_

*Please ensure that the currency of the bank account is the same currency that you invoice the NSLC.*

**TRANSIT#\_\_\_\_\_\_\_\_\_\_ BANK #:** **ACCOUNT #:** \_\_\_\_\_\_\_\_\_\_\_ \_

**Note: Have you notified your bank that you will be receiving EFTs?**

To receive payment of invoices from the Nova Scotia Liquor Corporation by EFT or Wire Payment the Supplier agrees to the following:

* NSLC will make every effort to send remittance information within three (3) working days of funds transfer
* Any fees incurred will be charged to the bank account listed above and will be supplier’s responsibility
* Either party may terminate this arrangement upon 30-day’s notice to the other party
* **Any fees we incur because we have not been notified of changes to bank information will be charged back to the vendor.**

Authorized Signature and Title Company Name

Authorized Signature and Title Company Name

**Please Email Completed Form to:** **accounts.payable@mynslc.com**