

MERIT CONTRACTORS NIAGARA

ACH Direct Deposit Service Form

Payee / Company Information

Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Financial Institution Information

Bank Name: _____

Bank Street Address: _____

City: _____ Province: _____ Postal Code: _____

Bank Branch Number: _____ Bank Transit Number: _____

Bank Account Number: _____ * you may include a voided cheque with this form.

****Should your banking information change, please contact Merit Accounting Department immediately to update your account information.
Merit Contractors Niagara will not be responsible for any transmission errors caused by your failure to update your account information.**

Preferred Method of Receipt for Direct Deposit Advice

E-mail to: _____

Fax to: _____ Attn: _____

Authorized Individual Submitting ACH Direct Deposit Form

Signature of Authorized Individual: _____

Name: _____ Title: _____

Please remit your completed form by email or fax to:

Merit Contractors Niagara
235 Martindale Road, Suite 3
St. Catharines, ON L2W 1A5
Attn: Accounts Payable
Fax: (905) 641-2988 E-mail: scourtney@meritcontractors.com