

Supplier # (if known):	_____
Supplier name:	_____
Supplier mailing address:	_____
HST/GST/QST:	_____

The information provided in this authorization will be used for the purposes of administering payment to the Supplier, and will not otherwise be disclosed by Dream except as required or permitted by law. Authority is hereby granted to Dream to electronically pay any amounts owing by Dream to the Supplier from time to time. The amounts owing to the Supplier should be deposited into the Supplier's account per the information provided below.

Bank name:	_____				
Bank address:	_____				
Bank code:	_____	Transit #:	_____	Account #:	_____
Account name:	_____				
Account address:	_____				
	(If different from supplier mailing address.)				
Dream will advise Supplier of any payments made directly to the above described account.					
E-mail to be sent to the following e-mail address:					
<b>Email:</b>	_____				
<b>Contact name:</b>	_____	<b>Phone:</b>	_____		

**By executing this form, the Supplier agrees:**

1. That this authorization will remain in full force and effect until revoked by Supplier by providing Dream with at least 10 days prior written notice.
2. That Dream will not be required to pay any late fees if the funds remitted are not credited to the Supplier's account through no fault of Dream.
3. To promptly return any over-payments made by Dream to the Supplier.
4. To promptly advise Dream of any changes to information contained in this form.
5. To provide all notices pertaining to this authorization, including the provision of an:
  - a) executed copy of this form and voided cheque, OR
  - b) letter signed by an official from the Supplier's bank confirming the Supplier bank account information is correct



Authorization of Electronic  
FundsTransfer (EFT)

Acknowledged & agreed this: \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

I have authority to bind the corporation.  
I confirm that I have conformed to all  
document requirements and that all forms  
returned to Dream are originals.

When completed, EMAIL form and void cheque or letter from bank to **VendorEFT@dream.ca**  
**Please add this email address to your trusted contacts to ensure receipt of our communications.**