

## New Vendor Set-up Application

To ensure timely payments of invoices, please complete the EFT information.

| Vendor Information Part 1                             |  |              |  |
|---|--|--------------|--|
| Vendor Name:  |  |              |  |
| Phone Number:   |  |              |  |
| Address:  |  |              |  |
| City:   |  | Postal Code: |  |
| Email address (to receive EFT payment notifications): |  |              |  |
| Email contact name (if different from vendor name):   |  |              |  |

| EFT Banking Information (please include a copy of a void cheque) |  |
|--|--|
| Bank Number:   |  |
| Transit Number:  |  |
| Account Number:  |  |

| Vendor Information Part 2   |  |
|---|--|
| If you are a CRA Registered Business, enter your CRA Business Number:                               |  |
| If you are an Individual, enter your Social Insurance Number:                                       |  |
| If you are a Non-Canadian Resident, enter your Social Security Number:<br><i>(15% tax withheld)</i> |  |

| Signature         |  |       |  |
|-------------------|--|-------|--|
| Vendor Signature: |  | Date: |  |

**Please submit with a void cheque to:**  
 SD8 Finance Department, School Board Office  
 Email to: [accounts.payable@sd8.bc.ca](mailto:accounts.payable@sd8.bc.ca) and [penny.bush@sd8.bc.ca](mailto:penny.bush@sd8.bc.ca)