



Attention: Accounts Receivable

**RE: ELECTRONIC FUNDS TRANSFER FOR PAYMENTS**

To Whom It May Concern,

The Legislative Assembly of Ontario is transitioning from its current cheque payment system to an electronic funds transfer (EFT) system for payments to suppliers of the Legislative Assembly. This change in payment method is of benefit for both the organization and for those that are doing business with the Legislative Assembly of Ontario.

In order to achieve this, please complete the attached form and return to the Legislative Assembly of Ontario either by:

- Email at [finance\\_inv@ola.org](mailto:finance_inv@ola.org) or
- Fax completed form to 416-325-9521
- Mail to: Legislative Assembly of Ontario: Room 2630, Whitney Block Queen's Park, Toronto, Ontario M7A 1A6

Notifications will be sent from [NoReply\\_AIMS@ola.org](mailto:NoReply_AIMS@ola.org), please update your contact list to ensure you receive the message. Should you have any questions or concerns please do not hesitate to contact one of the following to assist you:

Nadika Persaud  
Senior Financial Analyst  
Telephone: 416-325-0057  
Email: [npersaud@ola.org](mailto:npersaud@ola.org)

Sincerely,

Bonnie Easterbrook  
Director, Financial Services  
Telephone: 416-325-8497  
Email: [beasterbrook@ola.org](mailto:beasterbrook@ola.org)



Request for Direct Deposit – Electronic Funds Transfer (Vendors)

To start or change direct deposit: ☐ Start Direct Deposit ☐ Change Direct Deposit

Instructions

Please complete and return this form to: Financial Services, Room 2630,  
Whitney Block, 99 Wellesley Street West  
Toronto, Ontario M7A 1A6

In order to use our Direct Deposit program, the following information is required:

- 1. Your business name must appear on the account.
- 2. The account number you have provided is with a branch of a Canadian financial institution, located in Canada (i.e., cannot be an off-shore account)
- 3. Include a sample “voided” cheque OR have a representative from the branch that you deal with complete, sign, and stamp this form in the space below

Authorization Agreement

I hereby authorize the Legislative Assembly of Ontario, through the Royal Bank of Canada, to deposit our payments to the bank account as indicated below. I will advise Accounts Payable of any change in this regard and the authorization is to remain in effect until I cancel it in writing with the sign off from two company officers.

Company Information

Legal business name:Trade/other business name:

Head office address:City:

Province:Postal code:Telephone number:

E-mail for Remittance Notification:

Harmonized Sales Tax Number (HST):

Social Insurance Number (SIN):

\*Complete only if you are NOT registered for HST\*

Direct Deposit Information

Financial Institution Information

For Bank/Trust Company/Credit Union use only.

Name of Financial Institution:

Institution ID number (3-digit minimum):

Transit ID number (5-digit minimum):

Account number (7-digit minimum):

Address:

City:Postal code:

Initials: \_\_\_\_\_ Date (yyyy-mm-dd):

Please stamp here:

My signature on this document authorizes The Legislative Assembly of Ontario to make changes as noted above and to obtain current address information at any time from the branch of the financial institution where my direct deposit is made. This authority is to remain in effect until Financial Services has received written notification to cancel this request.

Authorized business signature:

*Alethia O'Hara-Stephenson*

Date (yyyy-mm-dd):Print name: \_\_\_\_\_ Title: