



# REGIONAL DISTRICT OF CENTRAL KOOTENAY VENDOR INFORMATION FORM

Company/ Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Email: \_\_\_\_\_ GST #: \_\_\_\_\_

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Name of Bank: \_\_\_\_\_

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

Bank Number: \_\_\_\_\_

Transit/Branch No.: \_\_\_\_\_

Account #: \_\_\_\_\_

Email Address for EFT Notifications: \_\_\_\_\_

**ATTACH A VOID CHEQUE BELOW**

**\*\*Please return the completed form ASAP\*\***