



PAYMENT INFORMATION

To ensure the accuracy of account information you **must attach a void cheque** and complete the following financial information:

Name of Company: _____

Contact Name: _____

Phone: (____) _____ **Fax:** ____) _____

Email: _____

Signature: _____ **Date:** _____

BANKING INFORMATION

Name of Financial Institution: _____

Address of Financial Institution: _____

Branch #: _____

Bank #: _____

Account #: _____

**PLEASE EMAIL COMPLETED FORM WITH A VOID CHEQUE to
accountspayable@victoria.ca OR FAX TO 250.361.0278**

Attention: Accounts Payable

Finance Department

1 Centennial Square
Victoria BC V8W 1P6

T 250.361.0240

www.victoria.ca

accountspayable@victoria.ca