



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: _____

Finance Department

1 Centennial Square
Victoria BC V8W 1P6

T 250.361.0240

F 250.361.0214

www.victoria.ca

accountspayable@victoria.ca

BANKING INFORMATION

Name of Financial Institution: _____

Address of Financial Institution: _____

Branch #: _____

Bank #: _____

Account #: _____

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

ATTENTION:

Accounts Payable