

PAYMENT INFORMATION**VENDOR NAME:** _____To **ensure the accuracy of your account information, you** must attach a voided cheque or letter from your bank and complete the following financial information:**Name of Financial Institution:** _____**Address of Financial Institution:** _____**ACCOUNT INFORMATION****Institution Number:**

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Transit Number:

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Account Number:

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REMITTANCE INFORMATION**Phone Number:** _____**Contact Name:** _____**Contact Title / Position:** _____**Preferred Remittance Confirmation Email Address:** _____

**PLEASE RETURN THE COMPLETED FORM ALONG WITH A "VOID CHEQUE" OR BANK LETTER
TO: ACCOUNTS PAYABLE DEPARTMENT BY EMAIL funding@beautifi.com.**

Date: _____