



Vendor Enrollment Form

All vendor invoices should be submitted to accounts payable@theseed.ca **within 15 days** of the provision of services or sale of goods. Not meeting this requirement may result in delay or non-payment for services and goods received. The Mustard Seed reserves the right not to remit a payment on invoices received after the cut-off date specified above.

For Change of Vendor information please complete the change of information section at the end of this form

Please complete the below required information: not completing all fields could result in delay of payment.

Payment Method Registration

The Mustard Seed encourages all vendors to participate in the EFT (Electronic funds transfer) method of receiving payments. This allows for timelier issuance of payments. New registration may take up to 2 weeks to become effective.

Select Method of Payment

EFT
E-transfer
Cheque

Vendor Payee information

Supplier Name

Street Address

City

Postal Code

Province

Country

Registered Business Name

GST/Tax ID

Contact Name

Contact Phone Number

Contact email Address

Email Address to send Remittance /payment advise to

Banking Information Required

Bank Name

Bank Address

City

Province

Postal Code

Transit Number

Institution Number

Bank Account Number

INCLUDE a Copy of a Void Cheque or PAD form from you banking institution with the bank stamp. Requests without this supporting documentation will not be processed.

Authorized By (Please Print Name)

Title /Position

Signature

Date

Vendor References

Please provide three references:

Reference #1

Company Name

Contact Name

Email

Phone #

Website

Reference #2

Company Name

Contact Name

Email

Phone #

Website

Reference #3

Company Name

Contact Name

Email

Phone #

Website

Change of Vendor information

Please complete section 1 for change of address and section 2 for change of banking information or method of payment

Allow up to 2 weeks for changes to become effective.

Reason for Change

Change of address

Change of Banking information

Section 1 Change of Address

Vendor Payee information

Old Address

Supplier Name

Street Address

City

Postal Code

Province

Country

Registered Business Name

GST/Tax ID

New Address

Supplier Name

Street Address

City

Postal Code

Province

Country

Registered Business Name

GST/Tax ID

Section 2 Change of Banking information or payment method

Select Payment Method

- EFT
- E-Transfer
- Cheque

Old Banking Information

Bank Name
Bank Address
City
Province
Postal Code

Transit Number

Institution Number

Bank Account Number

NEW Bank Information

Bank Name
Bank Address
City
Province
Postal Code

Transit Number

Institution Number

Bank Account Number

Email Address to send Remittance /payment advise to

INCLUDE a Copy of: Void Cheque or PAD form from you banking institution with the bank stamp.

Change requests without this supporting documentation will not be processed.

Authorized By (Please Print Name)

Title /Position

Signature

Date