Accounts Payable Vendor Set Up

Please complete the below requested information to accurately set up your Company in PCA's accounts payable system and return to us. You may fax the form to (604) 592-2982 or send via email to ontario@productcare.org.

Company Name

Address

City   **Postal Code**

Business Number (BN):

Accounts Receivable contact person:

Email: **Phone:**

Accounts will be set up for Electronic Fund Transfer (EFT) unless specified as cheque.

Check Box for CHEQUE Payment: ☐

If payment is to be mailed to a different address than above please complete the below information

Address cheque to be mailed:

City   **Postal Code**

Name of person completing the form (print)

Signature

Date

Direct Deposit Authorization

To have Product Care Association directly deposited to your Company's Bank or other Financial Institution, please complete the authorization and details below and return to us. You may fax the form to (604) 592-2982 or send via email to ontario@productcare.org.

Company Name

Address

City   **Postal Code**

Contact Name (please print)

Signature   **Date:**

Email: **Phone:**

Details of account to which payments are to be deposited

Bank or Financial Institution Name

Address of Branch

City   **Postal Code**

Account No.:

Transit No. (5 digits):   **Bank Number (3 digits):**

To ensure accuracy it is recommended you attach a sample / copy of your Companies cheque marked "VOID"