

Vendor Name:				
Attn: Treasury / Bi	Iling / Accounts Receivable	Departments		
RE: Northback	Holdings Corporation			
maintenance. This in completed questionn	stionnaire which is required by No formation will be treated as conf aire to bridget.buckle@northbac 8093. Primary Contact(s)	idential by Northback Holdings.	Please sign, scan and email th	e
me)	(Title)	(Phone Number)	(Email)	
me)	(Title)	(Phone Number)	(Email)	
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ELECTRONIC FUND TRANSFER (EFT) INFORMATION

Supplier Number (Northback info only)
Supplier Name:
Address:
E-mail address (EFT requirement)
Contact & Telephone Number (for questions)
Interest in EFT? Yes / No
If yes, please provide the following:
Copy of your void cheque is mandatory for verification purposes.
Legal name of the bank account:
Institution (3-digit number):
Transit (5-digit number):
Account #
If your banking information changes, it is imperative the change is communicated to our Finance Department.

Please return this form to: $\underline{accounts.payables@northback.ca}$