



Corporation of the  
**County of Perth**  
Finance Division  
1 Huron Street, Stratford, Ontario N5A

**Tel:** 519-271-0531  
**Fax:** 519-271-6265  
**Email:** [finance@perthcounty.ca](mailto:finance@perthcounty.ca)

---

### Electronic Funds Transfer Information

---

All information is required..... Please **complete all sections**

Section A: Vendor Information (please verify information is correct)		
Vendor Name:		Vendor ID:
Mailing Address:		Phone:
City/Town:	Province:	Postal Code:
Remittance Email Address:		

Section B: Banking Information (please complete all fields to ensure successful EFT transfer)		
Institution ID:	Transit Number:	Account Number:
Name of Financial Institution:		
Branch Address:		
City/Town:	Branch Phone:	

### Section C: Company Authorization

I authorize the County of Perth to deposit all payments to the above bank account and forward remittances to the e-mail address indicated until notified of a change

---

Signature

Date

If you wish to make payments to the County of Perth electronically, details are:

**Institution ID:** 002 Scotiabank      **Transit Number:** 41012      **Account Number:** 0068217

Please forward remittance advices to : **[finance@perthcounty.ca](mailto:finance@perthcounty.ca)**

Please return via e-mail to **[finance@perthcounty.ca](mailto:finance@perthcounty.ca)** or via fax to **519-271-6265**