

**!** **Important** – Please complete one form per payment address.

**Provider information**

Name as it is registered with the Registraire des entreprises du Québec (NEQ) or with Canada's Business Registries (BN)		Name of payee		
Business number (NEQ) as it appears in the Registre des entreprises du Québec	Federal business number (BN) as registered with Corporations Canada	GST/HST Number <b>9 DIGITS</b>	QST Number (if applicable) <b>10 DIGITS</b>	TQ <b>4 DIGITS</b>
Payment address (street number, street name, office)		City		
Province		Country		Postal code
Phone number (work)	Extension	Fax number	Email address where you'd like to receive confirmation of direct deposit payments. (Note: Emails will include the invoice number, your bank account information, the date and the amount of the direct deposit payment)	

**Provider diversity**

Is your business a social enterprise (Including cooperatives, mutual companies and NPOs)?  Yes  No

Are the owners of your business less than 35 years old?  Yes  No

Are you a diverse supplier?\*  Yes  No If yes, check the box next to the category that applies.

\* A diverse provider is an organization that is at least 51% owned and controlled by people who belong to the following groups:

- Indigenous peoples,  women,  LGBTQ+,  veterans,  ethnic minorities,  visible minorities,
- individuals with physical limitations or other disabilities.

Can Desjardins contact you about this?  Yes  No

**Direct deposit and credit card payments**

Send an electronic copy of a void cheque along with this form.

If you're registered for AccèsD, here's how to obtain an electronic copy of a void cheque:

- Log in to AccèsD.
- Click the 3 dots to the right of your balance in the account you want to use. Then, click **Void cheque**.
- Download the letter and send it with this form.

If you don't bank with Desjardins, check with your financial institution.



**Acceptance**

**Sending** this form means you agree to receive payments by direct deposit.  I accept VISA Desjardins credit card payments.

**Authorization**

Specify the Desjardins component you will be billing: \_\_\_\_\_

- Checking this box authorizes the **Desjardins component mentioned above** to send you email notifications with payment details (invoice number, date and amount).
- Checking this box authorizes all **Desjardins components** to:
  - Use the information in this form to transfer any amounts owed to the above-mentioned business by direct deposit to the account indicated on the void cheque;
  - Send you email notifications with payment details (invoice number, banking information, date and amount).

Name \_\_\_\_\_ Position \_\_\_\_\_ Date (YYYY-MM-DD) \_\_\_\_\_

**Information on sending this form**

Save this form on your computer and fill it out. Once done, send an electronic copy of a void cheque with this form to [appro.creation.fournisseurs@desjardins.com](mailto:appro.creation.fournisseurs@desjardins.com).

Please contact us at [appro.creation.fournisseurs@desjardins.com](mailto:appro.creation.fournisseurs@desjardins.com) if you need any additional information.