PAYMENT REQUEST

IMPORTANT NOTES:

- Attach original receipts listing all items purchased with prices and GST (not credit card slips that list total only).
- Do not use highlighters on original cash register receipts! Highlighter ink reacts with some cash register tapes, turning them black and making them un-readable.
- Allow at least 2 weeks for processing your payment request.
- If this form is incomplete, we will be unable to process your payment.

PAYEE NAME:			AMOUNT:	
			\$	□ CAD □ USD
WHAT THE PAYMENT IS FOR:				
WHICH BUDGET, COMMITTEE or TEAM is paying for this?			For Office Use - Acct #:	
SIGNATURE of the person authorized to sign for the Budget named above:			DATE OF REQUEST:	
PREFERRED PAYMENT METHOD: Select one of the payment options shown below and provide the info required for that payment method:				
eTransfer	☐ Direc	t Deposit	☐ Cheque	
CLEARLY PRINT the email address to which you want your payment sent:	SELECT ONE: Do we have your bank account number on file? YES - you already have my bank's routing numbers on file. NO - attached is a voided cheque or a printout from my bank providing the complete routing number		SELECT ONE: What delive do you prefer?	ry option
paymont sont.			☐ PICKUP BIN at NSUC	
			MAIL to address shown b	elow:
IMPORTANT NOTE: If your				
bank account requires us to set up	(including institution account numbers)	on, branch, and		
a security question and answer, we will use these:	account numberey for my account.			
Question: What is this for? Answer: 1NSUCpayment				
FOR OFFICE USE ONLY:				
Date of eTransfer:	Processed On:	Credit Date:	Cheque #:	
Notes:	Batch ID:	Reference #:	Notes:	
110100.	Daton ID.	rtolololo c π.	140.003.	