ELECTRONIC PAYMENT REGISTRATION FORM

The Halifax Regional Municipality is please to announce that Electronic Payment of vendor invoices is now fully in place**.** Electronic commerce is rapidly changing business practices. These new tools will enable each of us to work more efficiently and effectively in the exchange of day-to-day business transactions.

Payment of invoices electronically will benefit you immediately through:

- The elimination of your time spent depositing payments
- Immediate access to your funds on the payment date
- The elimination of delivery disruptions or lost mailings
- The elimination of the threat of fraud, lost or stolen cheques

In order to register to receive electronic payments of invoices from Halifax Regional Municipality, please complete this form and **attach a voided cheque**. The form must be signed by a designated signing officer of your company.

HOLD HARMLESS CLAUSE:

The Halifax Regional Municipality and its banker are entitled to rely on the information supplied by you. Payments made to the benefit of the beneficiary vendor to the account identified herein shall satisfy the obligation of the Halifax Regional Municipality to the beneficiary vendor respecting the amount paid. It is the responsibility of the beneficiary vendor to insure that payments are actually received.

PAYMENT INFORMATION

Vendor Name: _____

HST registration number: _____ (If applicable)

The voided cheque or Bank transmittal form supplied by your Financial Institution, will provide us with all the necessary Banking information.

REMITTANCE INFORMATION

Please indicate how you would prefer to receive your payment details.
(*Please check one*)

☐ **EDI through your Financial Institution or EDI service provider.**

☐ **E-mail address:** _____.

☐ **No remittance advice necessary**

Contact Name: _____ Title/Position: _____

Phone (____)_____ Fax: (____)_____

I/We (the undersigned) hereby authorize Halifax Regional Municipality to make deposits to our account as per the information provided above and deliver remittance as indicated. I/We acknowledge responsibility to ensure the correctness of the information, to confirm receipt of the payment funds, and to immediately advise Halifax Regional Municipality if payment is not received.

Signature: _____

Signature : _____ Date: _____

PLEASE RETURN THE COMPLETED FORM BY MAIL, FAX, OR EMAIL TO:

Halifax Regional Municipality
Attention: Joe Colley
Finance Division
P.O. Box 1749
Halifax, NS
B3J 3A5

Fax #: (902) 490-4175
Telephone#: (902) 490-7357
Email: hrmaplink@halifax.ca