



University  
of Regina

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**Direct Deposit Authorization for Vendors & Non-Employees**  
**(Invoice Payments & Reimbursement Claims)**

Vendor/Non-Employee Name: \_\_\_\_\_

Vendor/Non-Employee Address: \_\_\_\_\_

Contact Name for Payment: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

(Automated notification will be sent to this email address. For vendors, preferably a general company email address (ex. [Accounts.Receivable@uregina.ca](mailto:Accounts.Receivable@uregina.ca)) if it is available vs. specific individual email address)

Bank Name: \_\_\_\_\_

Financial Institution # (normally 4 digits): \_\_\_\_\_

Transit # (normally 5 digits): \_\_\_\_\_

Account # (normally 7 digits): \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

*I hereby authorize the University of Regina to make payment of our invoices to the financial institution indicated above.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

***Please return this form along with a void corporate cheque to:***  
***University of Regina***  
***Financial Services, Accounts Payable***  
***3737 Wascana Parkway***  
***Regina, SK. S4S 0A2***

***OR, please fax/email this form and a void corporate cheque to:***  
***306-585-5140 (FAX) OR [Accounts.Payable@uregina.ca](mailto:Accounts.Payable@uregina.ca)***