



The Corporation of the City of Sault Ste. Marie
Electronic Funds Transfer / Direct Deposit Information

I hereby authorize:

Company Name: _____
Company Address: _____

to deposit payments to The Corporation of the City of Sault Ste. Marie to the bank account indicated.

Vendor Information

Name	The Corporation of the City of Sault Ste. Marie				
Address	99 Foster Drive				
City	Sault Ste. Marie	Province	ON	Postal Code	P6A 5X6
Email Address for Remittance Advice	MAT@cityssm.on.ca				
Contact Phone Number	(705) 759-5278				

Banking Information

Bank Name		Bank Address			
RBC Royal Bank		602 Queen Street, East Sault Ste. Marie, ON P6A 5N1			
Branch Number (5-digit number)	Institution Number (3-digit number)	Account Number (maximum 12-digit number)			
04362	003	000-018-2			

Authorization

Name	Christine Pascall	
Title	Manager of Accounting	
Signature	_____	Date

*** Please quote Customer No. and Month of Remittance in Notification Emails**

Instructions: Please enter Company Name and Address and email to MAT@cityssm.on.ca for approval
****A Customer Number will be emailed to you upon approval**