Electronic payment authorization form

Form is to be filled out by the supplier requesting the change

A – Request type

☐ Adding banking information. ☐ Changing existing banking information.

If changing banking information, please provide last 4 digits of your previous bank account:

B – Enbridge entity or subsidiary *(if known)*

Name: Please select

If other, please specify:

C – Supplier information

Legal business name:
(Name as it appears on invoice)

Operating name: (If different than legal name)

Tax I.D. number:

Street address:

City:

Province/State:

Country:

Postal/Zip code:

D – Supplier contact information *(required for verbal verification)*

Name:

Job position:

Email address:

Telephone:

Office hours available:

Time zone:

E – Payment details

Billing currency: Please select

Payment method options: Please select

*** IMPORTANT * Supporting documentation requirements. Attach one of the following:**

- Void check (check must display account holder name and bank information).
- Letter from financial institution (letter must be issued and signed by your financial institution and include your banking information).

Note: Banking information on vendor letterhead will not be accepted. Letter must come from the bank.

Enbridge requires a verbal confirmation of all changes to banking information. Contact name in section D must be able to confirm specific payment and banking information in order to complete this request.

Email address for emailed payment remittance details

Email address:

Note: Emailed payment remittances are only an option if you are signed-up for electronic payment.

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F – Authentication

Please fill out the following to authenticate your position with this company. This will also aid us in locating your account.

Provide information about our last payment to this company:	
Payment amount:	What invoice numbers were included in this payment? (Max 3 invoices) (If this supplier does not have invoice numbers, enter the account number).
Payment date: (The date the check was cashed or electronic payment received)	Invoice number:
	Invoice number:
	Invoice number:

G – Authorization

I authorize Enbridge to deposit payments owed to the organization or individual listed above to the bank account provided in the accompanying supporting documentation.

Authorized person's name: Authorized person's job title: Date:

Email address: Telephone:

H – Submission instructions

Please use the following link to submit the required documents listed below: **enbridge.service-now.com/csm**:

- Completed electronic payment authorization form
- Supporting documentation (void cheque or letter from financial institution)

Failure to provide the required documents listed above will result in significant processing delays.