

Collection of Information

The authority for the collection of this information as a lawfully authorized activity is the *Ministry of Government Services Act*, R.S.O. 1990, c. M.25 s.6. This form will be used solely for the purposes of supplier registration, depositing your payments into your bank account, providing payment notifications by email and contacting you for any payment related issues. Please send this EFT form to EVIP@ontario.ca or mail it to; MTO Program Management Office 30th Floor, 777 Bay Street, M5G 2E5, Toronto, ON.

For further assistance please call 416-585-7285 or toll free at 1-888 999 3793.

Consent to Disclose

By submitting this application, you acknowledge this information may be utilized by other Province of Ontario ministries and agencies in the context of procurement and payment recipient verification.

Important - Please read the [instructions](#) before completing this form.

<p>A Type of Request</p> <p><input type="checkbox"/> New Registration</p> <p><input type="checkbox"/> Change to Existing (specify details if known)</p>	<p>Change Requested (Please fill in below)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black;"><input type="checkbox"/> Add Additional Location</td> <td style="width:33%; border: 1px solid black;"><input type="checkbox"/> Changes to Current Supplier Information</td> </tr> <tr> <td style="border: 1px solid black;">Supplier No.</td> <td style="border: 1px solid black;">Site No.</td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">Site Name</td> </tr> </table>	<input type="checkbox"/> Add Additional Location	<input type="checkbox"/> Changes to Current Supplier Information	Supplier No.	Site No.		Site Name
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Supplier No.	Site No.						
	Site Name						
<p>Supplier Type (check all that apply)</p> <p><input type="checkbox"/> Receive payments for goods and/or services</p> <p><input type="checkbox"/> Receive transfer payments from the Province of Ontario</p>	<p>Do you have a business number registered with Canada Revenue Agency?</p> <p><input type="checkbox"/> Yes (specify) ▶ Business No.</p> <p><input type="checkbox"/> No, my invoices do not contain tax</p>						

B Supplier Profile			
Changes to Existing		New Registration	
Legal Name		Legal Name	
Operating Name <input type="checkbox"/> Same as Legal Name		Operating Name <input type="checkbox"/> Same as Legal Name	
Suite/Floor No.	Street No. and Name		
City/Town		City/Town	
Province/State	Postal/Zip Code	Country	
Telephone No.	ext.	Fax No.	
Email Address			

C Banking Information					
Attach a void cheque that displays your legal name or a letter, verifying your account details, from your financial institution. Copies are acceptable. Please note counter cheques are not acceptable.					
Current Information			New Information		
Name of Canadian Financial Institution			Name of Canadian Financial Institution		
Branch No.	Institution No.	Account No.	Branch No.	Institution No.	Account No.

D Certification/Authorization		
I certify I am authorized by the organization named above to submit this application for registration and certify that all the information contained herein is true and accurate statement of the facts.		
Name (First Last)	Signature	Date (dd/mmm/yyyy)
Title		