**\*U.S. VENDORS AND USD FUNDS\***

**NSLC VENDOR/SUPPLIER NUMBER**: \_\_\_\_\_\_\_

**SUPPLIER INFORMATION REQUIRED FOR ELECTRONIC FUNDS TRANSFER (EFT)**

Supplier Name: \_\_ \_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (note: no PO Box allowed)

City, State: \_\_\_\_\_\_ Country: \_\_USA\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(For remittance documentation)

**BANK INFORMATION REQUIRED FOR ELECTRONIC FUNDS TRANSFER (EFT)**

In order for the NSLC to process payments, we require the following banking information. \***You may wish to contact your bank and ask them for wire transfer instructions to receive wires from Canada and also attach the documentation to this form\***

Account Holder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Name: \_

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

City, State Country: USA \_

Zip Code: **Type of account**: Savings \_\_\_\_ Chq \_\_\_\_ \_

**Account Number:** **Currency of Bank Account**: \_\_\_

*Please ensure that the currency of the bank account is the same currency that you invoice the NSLC.*

**ABA #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **ACCOUNT #:** \_\_\_\_\_\_\_\_\_\_\_\_ \_\_

**Note: Have you notified your bank that you will be receiving EFTs?**

To receive payment of invoices from the Nova Scotia Liquor Corporation by EFT or Wire Payment the Supplier agrees to the following:

* NSLC will make every effort to send remittance information within three (3) working days of funds transfer
* Any fees incurred will be charged to the bank account listed above and will be supplier’s responsibility
* Either party may terminate this arrangement upon 30-day’s notice to the other party
* **Any fees we incur because we have not been notified of changes to bank information will be charged back to the vendor.**

Authorized Signature and Title Company Name

Authorized Signature and Title Company Name

**Please Email Completed Form to:** [**accounts.payable@mynslc.com**](mailto:accounts.payable@mynslc.com)