

RECURRING PAYMENT FORM

PAYABLE TO:				
PAYEE PERMANENT ADDRESS:	Suite #:			
City/Province:	Postal Code:			
REMIT TO: (If different than Payee)				
ADDRESS:	Suite #:			
City/Province:	Postal Code:			
RECURRING PAYMENT PERIOD	From: To:			
PAYMENT AMOUNT:	Payment Method: EFT ()			
GST/HST (13%):	Mailed ()			
TOTAL AMOUNT:	Pick-up ()			
GST/HST REGISTRATION NUMBER: (Complete Page 2, Payment Schedule)				
SOCIAL INSURANCE NUMBER: (For Non GST/HST Registrants)				
<i>Taxable & Non-Taxable Payments may not be combined on the same form.</i>				
FREQUENCY:	Weekly (); Monthly (); Quarterly (); Semi-Annual (); Yearly () Month of the Year			
CHARGE TO: (Must be the same for all payments)				
CO	Accounting Units	Account	\$Totals (If more than one activity)	Activity
				-
				-
DESCRIPTION OF PAYMENT: <i>(Please check and provide details)</i>				
() ADMINISTRATION				
() EDUCATION				
() RESEARCH GRANT				
() CLINICAL TRIAL SITE				
() OTHERS (Please specify)				
AUTHORIZED NAME:			POSITION:	
AUTHORIZED SIGNATURE:			DATE:	
Please submit to Accounts Payable – 2 Queen Street East, 9th Floor, Room 906				
<i>For Accounts Payable Use only</i>			<i>Team Leader Review:</i>	<i>Date:</i>
				<i>AP Clerk:</i>

Recurring Payment Form

Payment Schedule

Payable To:

Amount Per Payment:

Payment No.	Due Date
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
Maximum	24