

**NEW SERVICE INITIATION**

**(To be used to add new locations to existing accounts)**

**PLEASE EMAIL TO: Accountspayable@Unityhealth.to**

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| **CUSTOMER INFORMATION** | | | |
|  | | | |
| **Name:** | **St. Michael's Hospital** | **Customer ID:** | **RTBKS** |
| **Customer ID:** | **RTBKS** |  |  |
|  | | | |
| **Division Name** (35digits, program/dept name): |  | | |
| **Department Number / GL String:** Co+AU+Account+Project# (for R&T), e.g. 1-7XXXXXXX or 2-61- 22122-26001 for Research) |  | | |
| **Service Address** ( full address with room # and postal code): |  | | |
| **Billing Address:** | 30 Bond Street, Toronto, Ontario M5B 1W8  attn Accounts Payable | | |
| **Contact Name:** | **Accountspayable@Unityhealth.to** | | |

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| **APPROVER** | | | |
| **Approver’s Name:** |  | **Title:** |  |
| **Phone:** |  | **Email:** |  |
| **Signature:** | | | |

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| --- | --- | --- | --- |
| **AUTHORIZED ACCESS** | | | |
| **User’s Name:** |  | **User’s Title:** |  |
| **User’s Phone:** |  | **User’s Email:** |  |

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| --- | --- | --- | --- |
| **AUTHORIZED ACCESS** | | | |
| **User’s Name:** |  | **User’s Title:** |  |
| **User’s Phone:** |  | **User’s Email:** |  |