CITY OF GRANDE prairie

REQUEST FOR ADDITION OF NEW SUPPLIER FORM

Section 1: Supplier Information

Legal / Remittance Name:			
Operational Name:			**Note:** If different than above
Office / Mailing Address:			
Site Address:			**Note:** If different than above
City:		Province / State:	
Postal / Zip Code:		Phone Number:	
General Email:			
Contact Name:			
Phone Number:		GST Number:	

Section 2: Additional Contact information (if applicable)

Contact Name:		Phone Number:	
Position / Department:		Email Address:	

☐ Head Office ☐ Site Location ☐ Other:

Section 3: WCB Declaration

Select the option below that applies to your situation:

☐ **YES** – We have current Workers' Compensation coverage through WCB Alberta or an equivalent provincial workers' compensation authority. We will attach either a WCB Clearance Letter, provide our WCB account number, or provide written confirmation from the applicable out-of-province workers' compensation provider that coverage extends to work performed in Alberta.

☐ **NO** – We do not have Workers' Compensation coverage because we are exempt. We will attach a letter from WCB Alberta or the applicable provincial workers' compensation authority confirming our exemption.

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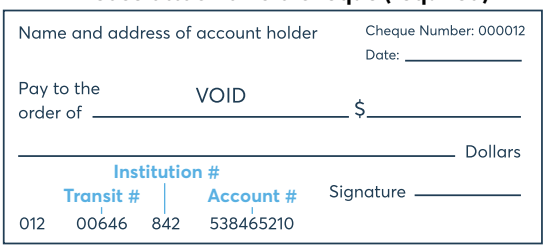
Section 3: WCB Declaration (Continued)

Acknowledgement

☐ I understand that no funds will be released until proof of Workers' Compensation coverage valid for work performed in Alberta, or proof of exemption, has been provided and accepted.

Banking Information

Please attach a void cheque (required)



Bank Name:			
Bank Address:			
City:			
Province:			
Postal Code:			
Transit No.:		Institution No.:	
Account No.			

Authorization

I (we) hereby authorize the City of Grande Prairie (City of GP) to direct payments electronically to the bank account specified here. I (we) acknowledge that the origination of the EFT transactions to my (our) account must comply with the provisions of Canadian Law. This Authorization Agreement is effective as of the date above and is to remain in full force and effect until the City of GP receives notification of termination. I (we) agree to submit an updated EFT Authorization Agreement to the City of GP for the cancellation of this agreement or to make any changes to the information provided within this agreement. The City of GP will not be held liable for deposit errors as a result of incorrect financial information from the supplier.

Note: By typing your name into the signature box below (or by signing a printed version of this application), you agree that all information submitted on this application is true and accurate.

Authorized Signature:	
Printed Name:	
Title:	
Phone Number:	
Date:	

Privacy Statement

The personal information collected on this form is authorized under section 4(c) of the Protection of Privacy Act, SA 2024, c. P-28.5 ("POPA"). The information is collected for the purpose of establishing, verifying, and administering the supplier's electronic or wire transfer payment arrangements with the City of Grande Prairie, including maintaining payment records, processing payments, and communicating with the supplier regarding payment-related matters. The personal information will be used and disclosed only for these purposes or as otherwise authorized by law and will be protected in accordance with the POPA. If you have questions about the collection, use or disclosure of your personal information, please contact **procurement@cityofgp.com**.