

## RECURRING PAYMENT FORM

<b>PAYABLE TO:</b>				
<b>PAYEE PERMANENT ADDRESS:</b>	Suite #:			
City/Province:	Postal Code:			
<b>REMIT TO: (If different than Payee)</b>				
ADDRESS:	Suite #:			
City/Province:	Postal Code:			
<b>RECURRING PAYMENT PERIOD</b>	<b>From: To:</b>			
<b>PAYMENT AMOUNT:</b>	Payment Method: EFT ( )			
GST/HST (13%):	Mailed ( )			
TOTAL AMOUNT:	Pick-up ( )			
<b>GST/HST REGISTRATION NUMBER:</b> (Complete Page 2, Payment Schedule)				
<b>SOCIAL INSURANCE NUMBER:</b> (For Non GST/HST Registrants)				
<i>Taxable &amp; Non-Taxable Payments may not be combined on the same form.</i>				
<b>FREQUENCY:</b>	Weekly ( ); Monthly ( ); Quarterly ( ); Semi-Annual ( ); Yearly ( ) Month of the Year			
<b>CHARGE TO:</b> (Must be the same for all payments)				
CO	Accounting Units	Account	\$Totals (If more than one activity)	Activity
				-
				-
<b>DESCRIPTION OF PAYMENT:</b> <i>(Please check and provide details)</i>				
( ) ADMINISTRATION				
( ) EDUCATION				
( ) RESEARCH GRANT				
( ) CLINICAL TRIAL SITE				
( ) OTHERS (Please specify)				
<b>AUTHORIZED NAME:</b>			<b>POSITION:</b>	
<b>AUTHORIZED SIGNATURE:</b>			<b>DATE:</b>	
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	
<b>Maximum</b>	24