



GOVERNMENT OF NEWFOUNDLAND AND LABRADOR
OFFICE OF THE COMPTROLLER GENERAL
FINANCIAL AND INFORMATION SYSTEM DIVISION
US SUPPLIER SETUP AND MAINTENANCE FORM INSTRUCTIONS

Section 1: Action Required	
Add a New Supplier Add a New Supplier Address Inactivate a Supplier Number/Address	Change the Address of an Existing Supplier Add/Change Banking Information or Email Address Change the Name of an Existing Supplier
Section 2: Supplier Information (Mailing Address) <i>A Supplier is an individual, business entity or organization that receives payments</i>	
Supplier Number (If Known) <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	Supplier Name <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>
Name at Birth (If Applicable) <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	Date of Birth (If Applicable) <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 2px;">YearMonthDay</div>
Address Line 1 <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> Line 2 <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> City <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 2px;">StateZip Code</div>	
Supplier Contact Information Name (Print): _____ Telephone Number: _____ Signature: _____ Email Address: _____	
Section 3: Electronic Payment Setup (Please attach a void cheque, correspondence from Financial Institution (this correspondence must include the stamp of the Financial Institution) or have Financial Institution complete section below)	
Bank Name <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	
Bank Address (Must be physical address, no PO Boxes permitted) Line 1 <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> Line 2 <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> City <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 2px;">StateZip Code</div>	
ABA Routing Number for ACH Payments <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> Account Number <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	To be completed by a Bank Official Bank Officer's Signature: Name _____ (Print): _____ Title: _____
Section 4: Financial and Information Systems Division Use Only	
Site Name <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> Supplier Number <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> Signature: _____ Date: _____	<i>Financial Institution Stamp Here</i>

Privacy Statement: The personal information collected in this form will be used only for the administration of those programs provided by the Government of Newfoundland and Labrador for which the supplier is a participant. This information is being collected in accordance with section 61(c) of the Access to Information and Protection of Privacy Act, 2015. All information provided will be maintained in a secure manner and confidentiality will be protected, as required by the *Access to Information and Protection of Privacy Act (ATIPPA)*. I as the person entitled to receive payment(s), authorize the Government of Newfoundland and Labrador to deposit the payment(s) directly into my bank account.



**GOVERNMENT OF NEWFOUNDLAND AND LABRADOR
OFFICE OF THE COMPTROLLER GENERAL
FINANCIAL AND INFORMATION SYSTEMS DIVISION
US SUPPLIER SETUP AND MAINTENANCE FORM INSTRUCTIONS**

These instructions are to assist US Suppliers in completing the Government of Newfoundland and Labrador (Province of Canada) US Supplier Setup and Maintenance Form in order to receive your payments via direct deposit.

For the purposes of this form, a Supplier is an individual, business entity or organization that receives, or may receive, a payment from the Government of Newfoundland and Labrador. The information requested on this form is to facilitate the processing of payments.

Submit completed US Supplier Setup and Maintenance form as follows:

By Mail:

Office of the Comptroller General
Confederation Building, 3rd Floor, East Block, West Wing
P.O. Box 8700, St. John's, NL, Canada, A1B 4J6
Attention: Financial and Information Systems Division – Supplier Maintenance
By Fax: (709) 729-4117
By E-mail: Electronic / scanned copies may be e-mailed to: vendormaintenance@gov.nl.ca

For general inquiries please contact Vendor Maintenance via e-mail at vendormaintenance@gov.nl.ca or the FMS Helpdesk via telephone at 709-729-2670.

If you have any questions about this collection of your personal information, please contact the Information Management Analyst for the Financial and Information Systems Division at the above-noted address, by phone at (709) 729-2670 or by email at fmshelpdesk@gov.nl.ca.

It is the responsibility of the Supplier to notify the Government of Newfoundland and Labrador promptly via this form should any of the Supplier information change. Please print and retain a completed copy of this form for reference and note your assigned Supplier Number on it for future correspondence.

Please follow the instructions below to ensure the US Supplier Setup and Maintenance Form is properly completed.

Section 1: Action Required

Add a New Supplier: Check this option if you are not currently set up to receive payment from the Government of Newfoundland and Labrador.

Add a New Supplier Address: Check this option if you are currently set up as a Supplier but wish to add an additional address. For example, an additional business location or address where you wish to receive payment or correspondence.

Inactivate a Supplier Number/Address: Check this option if you are currently set up as a Supplier but wish to inactivate your Supplier Number or Supplier Address for reasons such as a business closure, business location no longer exists or you do not expect to receive future payments from the Government of Newfoundland and Labrador.

Change the Name of an Existing Supplier: Check this option if you or your business has had a change in name.

Change the Address of an Existing Supplier: Check this option if you are currently set up as a Supplier and have had a change in address.

Add/Change Banking Information or Email Address: Check this option if you are an existing Supplier and you wish to add or change your banking information or email address to facilitate receiving Automated Clearing House (ACH) as the form of payment or notification of electronic payment.

Section 2: Supplier Information

Supplier Number: A unique number assigned to you by the Government of Newfoundland and Labrador is also known as a Supplier Number. If the Government of Newfoundland and Labrador has previously provided you with a Supplier Number, please indicate it in the Supplier Number field on the form for identification purposes.

Supplier Name: Please enter your full legal name (first, middle and last name). If this request is for a Business, please enter your legal Business name. Also please include your trade name, if applicable, in the first line of the Address field as "Operating as [Trade Name]". Please provide any sole proprietor name, operating as name or incorporation name if it differs from the current name.

Name at Birth: Please provide your name at birth if it is different than your supplier name (first, middle and last name), if it is the same, please leave blank.

Date of Birth: If applicable, please enter your date of birth.

Address: Please provide your complete mailing address.

Supplier Contact Information: Contact information is required as the Government of Newfoundland and Labrador may need to confirm, verify, or obtain additional information. Also provide an e-mail address as this is used to notify Suppliers that an ACH is pending and/or for notification of Supplier Number. If a valid e-mail address is not provided, you will **not** receive a notification of electronic payment.

Section 3: Electronic Payment Setup

This is the address of your financial institution. In order for the Government of Newfoundland and Labrador to complete Electronic Funds Transfers to a US organization, this section must be completed in full.

Please attach correspondence from your financial institution which includes your banking information. This correspondence must include the stamp of the Financial Institution. Alternatively, you may have your financial institution complete Section 3 of the form, with the Financial Institution stamp. A void cheque will be acceptable in lieu of a stamp. Acceptable documentation types include: Originals, Photocopies, Electronic scans, or Faxed copies. All Government of Newfoundland and Labrador payments due to the Supplier will be deposited to the noted bank account. Please ensure you submit the ABA Routing Number for ACH Payments **not** Wire Transfers. A valid e-mail address is required to receive notification of electronic payment. **Physical address must be entered for Bank Address, PO Boxes will not be accepted.**

Section 4: Financial and Information Systems Division use only

This section is completed by Financial and information Systems Division of the Office of the Comptroller General upon processing the Supplier Setup and Maintenance Form.