

Department of Finance Taxation and Property Records

CANADA

Request for Refund of GeoLinc Plus Account Balance

Freedom of Information and Protection of Privacy

Personal information on this form is collected under the authority of Section 31(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purposes of tax administration and enforcement and may be made available to fuel wholesalers or the public. Questions on the collection and use of this information can be directed to the Manager, Tax Administration and Compliance Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

Mail to:

Department of Finance Taxation and Property Records PO Box 1150, Charlottetown, PE C1A 7M8 **Deliver to:** 95 Rochford Street Shaw Building - South, 1st Floor Charlottetown, PE C1A 3T6

For more information: Tel: (902) 368 4070 Fax: (902) 368 6164

Email: taxandland@gov.pe.ca

Claimant shall give full and complete information and reasons for claiming this refund in the space provided in Section B. Satisfactory evidence in the form of a receipt should also be attached. Absence of such evidence will constitute justifiable grounds for disallowance of claim.

Section A – Claimant Information (please print)					
Full Name (must include middle name) or Business Name:			Account & Site Number:		
Mailing Address:					
City/Town/Village:			Province:	Postal Code:	
Telephone Number:	Fax Number:	E-mail:			
Section B – Refund I	nformation				
Section D - Refund I					
1. Total amount of refun	d claim:				

2. Reason for refund:

I hereby certify that the above information is correct to the best of my knowledge and belief.							
Name (please print)		Signature					
Title		Date					
For Office Use Only	Section	Object	Program	Project	Amount		
Account No.:							
Description to appear on payment:							
Received Date:		Approver(s):					



Payee Registration Form

(see reverse for instructions)

PAYEE #

Freedom of Information and Protection of Privacy

The personal information requested on this form is collected under the authority of section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, Cap. F-15.01, and will be used for the purpose of administering payments to the individuals or suppliers that are identified on this form. This use includes the sharing of this information within the Government of Prince Edward Island and its agencies to update and ensure the accuracy of information for administering payments. Questions on the collection and use of this information can be directed to Payment Processing at (902) 368-4010.

New Payee

Update to Payee Information (i.e. address or updated banking)

Fill out this section as an individual OR for your business. All fields are required. For Individuals Only First Name Full Middle Name(s) Last Name Previous Last Name(s) Date of Birth If you are a Provincial Government Employee: Department FOT Businesses Only Business Name (Legal name and operating name if different) HST/GST No. Contact Person & Position For Individuals and Businesses City Province or State Postal Code or Zip Code Phone Number (including area code) Email Address (for payment remittance details) Email Address (for purchase orders if different) Previous Mailing Addresses. Please provide as many previous mailing addresses as possible. We use this information to update our records and to prevent the duplication of your account. Section B: Payment Information Information UI result in unprocessed and delayed payments. Please attach one of the following: Or Correspondence from Financial Institution (bank) Section C: Certification Is a the person mand in this form any on right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island visu may or phine day of phine Bayed payments from in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its gancies to sh	Section A: Personal or Busin			alde ar	ro roqui	red			
First Name Full Middle Name(s) Last Name Previous Last Name(s) Date of Birth If you are a Provincial Government Employee: (0D/MM/YYYY) Employee Number Department For Businesses Only Department Contact Person & Position For Individuals and Businesses City Province or State Postal Code or Zip Code Phone Number (including area code) Email Address (for payment remittance details) Email Address (for purchase orders if different) Previous Mailing Addresses. Please provide as many previous mailing addresses as possible. We use this information to update our records and to prevent the duplication of your account. Section B: Payment Information To receive payments from the Government of Prince Edward Island you MUST provide your banking information. Failure to provide banking information will result in unprocessed and delayed payments. Please attach one of the following: Void cheque OT Correspondence from Financial Institution (bank) Section C: Certification I, as the person named in this form in my own right, or as the representative of the covernment of Prince Edward Island or its agencies to share the information collected on this form with each other for the purposes of making a payment that is due. By providing banking information or prince Edward Island or its agencies to eclerconically deposit those payments into the noted bank to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince			DUSITIESS. All TR	ius ai	ie iequi	ieu.			
Imployee Number Department For Businesses Only Business Name (Legal name and operating name if different) HST/GST No. Contact Person & Postal Code or Zip Code For Individuals and Businesses City Province or State Postal Code or Zip Code Phone Number (including area code) Email Address (for payment remittance details) Email Address (for purchase orders if different) Previous Mailing Addresses. Email Address (for payment remittance details) Email Address (for purchase orders if different) Previous Mailing Addresses. Email Address (for payment remittance details) Email Address (for purchase orders if different) Previous Mailing Addresses. Email Address (for payment remittance details) Email Address (for purchase orders if different) Previous Mailing Addresses. Email Address (for payment remotints or provide as many previous mailing addresses as possible. We use this information to update our records and to prevent the duplication of your account. Section B: Payment Information To receive payments from the Government of Prince Edward Island you MUST provide your banking information. Failure to provide banking information will result in unprocessed and delayed payments. Please attach one of the following:		Full Middle Name(s)		Last N	lame		Prev	vious Last	Name(s)
Imployee Number Department For Businesses Only Business Name (Legal name and operating name if different) HST/GST No. Contact Person & Postal Code or Zip Code For Individuals and Businesses City Province or State Postal Code or Zip Code Phone Number (including area code) Email Address (for payment remittance details) Email Address (for purchase orders if different) Previous Mailing Addresses. Email Address (for payment remittance details) Email Address (for purchase orders if different) Previous Mailing Addresses. Email Address (for payment remittance details) Email Address (for purchase orders if different) Previous Mailing Addresses. Email Address (for payment remittance details) Email Address (for purchase orders if different) Previous Mailing Addresses. Email Address (for payment remotints in provide as many previous mailing addresses as possible. We use this information to update our records and to prevent the duplication of your account. Section B: Payment Information To receive payments from the Government of Prince Edward Island you MUST provide your banking information. Failure to provide banking information will result in unprocessed and delayed payments. Please attach one of the following:									
(DD/MM/YYY) Employee Number Department For Businesses Only HST/GST No. Contact Person & Position For Individuals and Businesses City Province or State Postal Code or Zip Code Phone Number (including area code) Email Address (for payment remittance details) Email Address (for purchase orders if different) Previous Mailing Addresses. Email Address (for payment remittance details) Email Address (for purchase orders if different) Previous Mailing Addresses. Please attach one of the following: Imail Address (for purchase orders if different) Section B: Payment Information To receive payments from the Government of Prince Edward Island you MUST provide your banking information. Failure to provide banking information will result in unprocessed and delayed payments. Please attach one of the following: Imail Void cheque Or Correspondence from Financial Institution (bank) Section C: Certification J, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward	Date of Birth		If you are a	Provinci	ial Gover	oment Empl	vee.		
For Businesses Only Business Name (Legal name and operating name if different) HST/GST No. Contact Person & Position For Individuals and Businesses City Province or State Postal Code or Zip Code Phone Number (including area code) Email Address (for payment remittance details) Email Address (for purchase orders if different) Previous Mailing Addresses. Please provide as many previous mailing addresses as possible. We use this information to update our records and to prevent the duplication of your account. Section B: Payment Information To receive payments from the Government of Prince Edward Island you MUST provide your banking information. Failure to provide banking information will result in unprocessed and delayed payments. Please attach one of the following: Or Correspondence from Financial Institution (bank) Section C: Certification I, such person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Goverament of Prince Edward Island, hereby auth			n you ure u				ycc.		
Business Name (Legal name and operating name if different) HST/GST No. Contact Person & Position For Individuals and Businesses City Province or State Postal Code or Zip Code Phone Number (including area code) Email Address (for payment remittance details) Email Address (for purchase orders if different) Previous Mailing Addresses. Please provide as many previous mailing addresses as possible. We use this information to update our records and to prevent the duplication of your account. Section B: Payment Information To receive payments from the Government of Prince Edward Island you MUST provide your banking information. Failure to provide banking information will result in unprocessed and delayed payments. Please attach one of the following: Or Correspondence from Financial Institution (bank) Section C: Certification It is form with each other for the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to electronically deposit those payment that is due. By providing banking information form electronic payment I, as the person named in this form in the order I, as the person named in this form the tedward Island or its agencies to electronically deposit those payment of Prince Edward Island or its agencies to electronically deposit those payment for not not edward Island or its agencies to electronically deposit those payment of the noted bank account until further notice. If I am the representative of the company or business named in this form not the dothe processed) <td< td=""><td></td><td>Employee Number</td><td></td><td>Depa</td><td>artment</td><td></td><td></td><td></td><td></td></td<>		Employee Number		Depa	artment				
For Individuals and Businesses Current Mailing Address City Province or State Postal Code or Zip Code Phone Number (including area code) Email Address (for payment remittance details) Email Address (for purchase orders if different) Previous Mailing Addresses. Please provide as many previous mailing addresses as possible. We use this information to update our records and to prevent the duplication of your account. Section B: Payment Information To receive payments from the Government of Prince Edward Island you MUST provide your banking information. Failure to provide banking information will result in unprocessed and delayed payments. Please attach one of the following: Origon C: Certification I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to share the information or electronic payment I, as the person named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island ris step person named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island ris agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form entitled to receive payments					- (.		
Current Mailing Address City Province or State Postal Code or Zip Code Phone Number (including area code) Email Address (for payment remittance details) Email Address (for purchase orders if different) Previous Mailing Addresses. Please provide as many previous mailing addresses as possible. We use this information to update our records and to prevent the duplication of your account. Ferevious Mailing Addresses. Please provide as many previous mailing addresses as possible. We use this information to update our records and to prevent the duplication of your account. Section B: Payment Information To receive payments from the Government of Prince Edward Island you MUST provide your banking information. Failure to provide banking information will result in unprocessed and delayed payments. Please attach one of the following: Up of Correspondence from Financial Institution (bank) Section C: Certification I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to share the information collected on this form with each other for the purposes of making a payment that is due. By providing banking information for electronic payment I, as the person named in this form in this form entitled to receive payments from the Government of Prince Edward Island or its agencies to share the information collected on tis form entitled to receive payments from the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account untif further nother dust Island or its agenci	Business Name (Legal name and opera	ating name if differe	nt)	HS	ST/GST No).	Contac	t Person &	& Position
Current Mailing Address City Province or State Postal Code or Zip Code Phone Number (including area code) Email Address (for payment remittance details) Email Address (for purchase orders if different) Previous Mailing Addresses. Please provide as many previous mailing addresses as possible. We use this information to update our records and to prevent the duplication of your account. Ferevious Mailing Addresses. Please provide as many previous mailing addresses as possible. We use this information to update our records and to prevent the duplication of your account. Section B: Payment Information To receive payments from the Government of Prince Edward Island you MUST provide your banking information. Failure to provide banking information will result in unprocessed and delayed payments. Please attach one of the following: Up of Correspondence from Financial Institution (bank) Section C: Certification I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to share the information collected on this form with each other for the purposes of making a payment that is due. By providing banking information for electronic payment I, as the person named in this form in this form entitled to receive payments from the Government of Prince Edward Island or its agencies to share the information collected on tis form entitled to receive payments from the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account untif further nother dust Island or its agenci									
Phone Number (including area code) Email Address (for payment remittance details) Email Address (for purchase orders if different) Previous Mailing Addresses. Please provide as many previous mailing addresses as possible. We use this information to update our records and to prevent the duplication of your account. Section B: Payment Information To receive payments from the Government of Prince Edward Island you MUST provide your banking information. Failure to provide banking information will result in unprocessed and delayed payments. Please attach one of the following: Void cheque Or Or Correspondence from Financial Institution (bank) Section C: Certification Interestion of voice Edward Island, hereby authorize the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to share the information collected on this form with each other for the purposes of making a payment that is due. By providing banking information for electronic payment I, as the person named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form. I have the authority to bind the company or business. Authorized Signature (Forms returned without a signature will not be processed) Printed Name (For Businesses Only) Date <t< td=""><td></td><td>ses</td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td></t<>		ses				-			
Previous Mailing Addresses. Please provide as many previous mailing addresses as possible. We use this information to update our records and to prevent the duplication of your account. Section B: Payment Information To receive payments from the Government of Prince Edward Island you MUST provide your banking information. Failure to provide banking information will result in unprocessed and delayed payments. Please attach one of the following: Void cheque Or Correspondence from Financial Institution (bank) As the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form, I have the authority to bind the company or business. Authorized Signature (Forms returned without a signature will not be processed) Printed Name (For Businesses Only) Date Section D: Additional Information	Current Mailing Address		City			Province o	r State	Postal C	ode or Zip Code
Previous Mailing Addresses. Please provide as many previous mailing addresses as possible. We use this information to update our records and to prevent the duplication of your account. Section B: Payment Information To receive payments from the Government of Prince Edward Island you MUST provide your banking information. Failure to provide banking information will result in unprocessed and delayed payments. Please attach one of the following: Void cheque Or Correspondence from Financial Institution (bank) As the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form, I have the authority to bind the company or business. Authorized Signature (Forms returned without a signature will not be processed) Printed Name (For Businesses Only) Date Section D: Additional Information					-				
prevent the duplication of your account. Section B: Payment Information To receive payments from the Government of Prince Edward Island you MUST provide your banking information. Failure to provide banking information will result in unprocessed and delayed payments. Please attach one of the following: □ \oid cheque Or □ Image: Conception of the Conception of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to share the information collected on this form with each other for the purposes of making a payment that is due. By providing banking information for electronic payment 1, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island or its agencies to share the information for electronic payment 1, as the person named in this form. I have the authority to bind the company or business named in this form entitled to receive payments from the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form, I have the authority to bind the company or business. Sign X Signature (Forms returned without a signature will not be processed) Printed Name (For Businesses Only) Date Sign X	Phone Number (including area code)	Email Address (for p	ayment remittance d	letails)	Email A	Address (for	purchase	orders if	different)
prevent the duplication of your account. Section B: Payment Information To receive payments from the Government of Prince Edward Island you MUST provide your banking information. Failure to provide banking information will result in unprocessed and delayed payments. Please attach one of the following: Void cheque Or Correspondence from Financial Institution (bank) Section C: Certification It is form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to share the information collected on this form entitled to receive payments from the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form. If any the representative of the company or business. Authorized Signature (Forms returned without a signature will not be processed) Printed Name (For Businesses Only) Date Sign X									
Section B: Payment Information To receive payments from the Government of Prince Edward Island you MUST provide your banking information. Failure to provide banking information will result in unprocessed and delayed payments. Please attach one of the following:	Previous Mailing Addresses. Please prov	vide as many previous	mailing addresses as	possible	e. We use	this information	ation to u	update ou	r records and to
To receive payments from the Government of Prince Edward Island you MUST provide your banking information. Failure to provide banking information will result in unprocessed and delayed payments. Please attach one of the following: Void cheque Or Correspondence from Financial Institution (bank) Section C: Certification I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business. Authorized Signature (Forms returned without a signature will not be processed) Sign Netre Section D: Additional Information	prevent the duplication of your account.								
To receive payments from the Government of Prince Edward Island you MUST provide your banking information. Failure to provide banking information will result in unprocessed and delayed payments. Please attach one of the following: Void cheque Or Correspondence from Financial Institution (bank) Section C: Certification I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island, or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business. Authorized Signature (Forms returned without a signature will not be processed) Sign Netre Section D: Additional Information									
To receive payments from the Government of Prince Edward Island you MUST provide your banking information. Failure to provide banking information will result in unprocessed and delayed payments. Please attach one of the following: Void cheque Or Correspondence from Financial Institution (bank) Section C: Certification I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business. Authorized Signature (Forms returned without a signature will not be processed) Sign Netre Section D: Additional Information									
banking information will result in unprocessed and delayed payments. Please attach one of the following: Void cheque OT Correspondence from Financial Institution (bank) Section C: Certification I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to share the information collected on this form with each other for the purposes of making a payment that is due. By providing banking information for electronic payment I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form, I have the authority to bind the company or business. Authorized Signature (Forms returned without a signature will not be processed) Sign Network Company or business conly Date Section D: Additional Information			and tale and the NO					an Faile	an the second data
□ Void cheque Or □ Correspondence from Financial Institution (bank) Section C: Certification I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to share the information collected on this form with each other for the purposes of making a payment that is due. By providing banking information for electronic payment I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form. I have the authority to bind the company or business. Authorized Signature (Forms returned without a signature will not be processed) Printed Name (For Businesses Only) Date Sign X			•	-		-		on. Failu	re to provide
Or Correspondence from Financial Institution (bank) Section C: Certification I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to share the information collected on this form with each other for the purposes of making a payment that is due. By providing banking information for electronic payment I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form, I have the authority to bind the company or business. Authorized Signature (Forms returned without a signature will not be processed) Sign Here X Section D: Additional Information	_		eu payments. Pleas			i the follow	ing.		
Section C: Certification I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to share the information collected on this form with each other for the purposes of making a payment that is due. By providing banking information for electronic payment I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form, I have the authority to bind the company or business. Authorized Signature (Forms returned without a signature will not be processed) Printed Name (For Businesses Only) Date Sign X	□ Void cheque								
I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to share the information collected on this form with each other for the purposes of making a payment that is due. By providing banking information for electronic payment I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form. I have the authority to bind the company or business. Authorized Signature (Forms returned without a signature will not be processed) Sign X Section D: Additional Information		☐ Correspondence fr	rom Financial Institu	ution (b	bank)				
to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to share the information collected on this form with each other for the purposes of making a payment that is due. By providing banking information for electronic payment I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business. Authorized Signature (Forms returned without a signature will not be processed) Sign Authorized Signature (Forms returned mithout a signature will not be processed) Sign Authorized Signature (Forms returned mithout a signature will not be processed) Sign Authorized Signature (Forms returned mithout a signature will not be processed) Sign Authorized Signature (Forms returned mithout a signature will not be processed) Sign Authorized Signature (Forms returned mithout a signature will not be processed) Sign Authorized Signature (Forms returned mithout a signature will not be processed) Sign Authorized Signature (Forms returned mithout a signature will not be processed) Sign Authorized Signature (Forms returned mithout a signature will not be processed) Sign Authorized Signature (Forms returned without a signature will not be processed) Sign Authorized Signature (Forms returned without a signature will not be processed) Sign Authorized Signature (Forms returned without a signature will not be processed) Sign Authorized Signature (Forms returned without a signature will not be processed) Sign Authorized Signature (Forms returned without a signature will not be processed) Sign Authorized Signature (Forms returned without a signature will not be processed) Sign Authorized Signature (Forms returned without a				6.1					<u> </u>
agencies to share the information collected on this form with each other for the purposes of making a payment that is due. By providing banking information for electronic payment I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form, I have the authority to bind the company or business. Authorized Signature (Forms returned without a signature will not be processed) Sign Here X Section D: Additional Information					-	-			
providing banking information for electronic payment I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form, I have the authority to bind the company or business. Authorized Signature (Forms returned without a signature will not be processed) Sign Here X Section D: Additional Information									
of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form, I have the authority to bind the company or business. Authorized Signature (Forms returned without a signature will not be processed) Sign X Section D: Additional Information									
authorize the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form, I have the authority to bind the company or business. Authorized Signature (Forms returned without a signature will not be processed) Sign Kere X Section D: Additional Information									
the company or business. Authorized Signature (Forms returned without a signature will not be processed) Printed Name (For Businesses Only) Date Sign X Section D: Additional Information									-
Authorized Signature (Forms returned without a signature will not be processed) Printed Name (For Businesses Only) Date Sign X	account until further notice. If I am	the representative of	of the company or	busines	ss named	l in this for	m, I hav	e the aut	thority to bind
Sign Here X Section D: Additional Information	* *								
Here X		without a signature	will not be process	ed)	Printed	Name (For I	Business	es Only)	Date
Section D: Additional Information									
		ation							
Section E: For Office Use Only									
Section E: For Office Use Only									
Section E: For Office Use Only									
Section E: For Office Use Only									
	Section E: For Office Use Only								
BUSINESS UNIT: FIS MEPS LMDA ISM PSB FLSB		•	LMDA		ISM		PSB		FLSB



Payee Registration Form Instructions

These instructions are provided to assist you in completing the Payee Registration Form which is required for payments from the Government of Prince Edward Island and its agencies using Government's financial accounting system.

For the purpose of this form a payee is the person or business that will be receiving a payment from the Government of Prince Edward Island or its agencies. The information requested on this form is collected and used only to facilitate the processing of these payments.

It is your responsibility to notify the Government of Prince Edward Island or its agencies of any changes to your information by completing a new Payee Registration Form.

Send the completed form to the mailing address, email address or fax number provided below. Failure to fully complete the form will result in delays.

Province of PEI	Telephone:	(902) 368-4070
Dept of Finance, Taxation & Property Records	Fax:	(902) 368-6584
PO Box 1150	Email:	taxandland@gov.pe.ca
Charlottetown, PE C1A 7M8		

Please follow the instructions below to ensure that the Payee Registration Form is properly completed.

Section A: Personal of	of Business Information
For Individuals Only	Please provide your full legal name including your full middle name and all previous last names including married and/or maiden names. Middle and prior last names are used to update the Government's payee records. Date of Birth is required to ensure records are unique and that the wrong person is not paid.
For Businesses Only	Please provide you legal business name and your operating name if different than your legal name. Please include a contact name that we can use if necessary to confirm, verify or obtain additional information. Please provide the 15 digit identifier provided by CRA. If you do not have a business number, please indicate "Not Applicable" in the box.
For Individuals and Businesses	 Please provide your complete mailing address, as well as any previous mailing addresses. Previous mailing addresses are used to update existing records and prevent the duplication of a payee's information. All electronic payments are accompanied with a remittance email with details of your payment (i.e. invoice numbers, amounts, dates) sent to the remittance email address provided. If a valid email address is not provided, you will not receive notification of an electronic payment.

Section B: Payment Information

The Government of Prince Edward Island has moved to mandatory electronic payment service. Unless explicitly told otherwise all payees are required to attach either a void cheque or correspondence from their financial institution including their banking information. All payments made by the Government of Prince Edward Island and its agencies will be deposited to the bank account provided. Electronic payments are secure and reliable.

Section C: Certification

This section **must** be **read and signed** by the payee, or for a business, by an authorized delegate. If the Payee Registration Form is returned without a signature it will not be processed.

Section D: Additional Information

This section is used by the Government of Prince Edward Island and its agencies to capture additional information for some programs. A government employee will let you know if you are required to include any information in this section. If you have not received any direction to complete this section it can be left blank.

Section E: For Office Use Only

Please indicate the business unit from which this forms originates.