

REQUEST TO OPEN/CHANGE A BUSINESS TRANSACTION ACCOUNT (BTA)

<p>Instructions:</p> <ul style="list-style-type: none"> Use this form to open a new Business Transaction Account or to request a change to an existing account. When completed, please forward the original to your Ministry BTA Coordinator. Please type or print clearly. 	<p>DATE OF REQUEST YYYY / MM / DD</p> <hr/> <p>TYPE OF REQUEST</p> <p><input type="checkbox"/> NEW ACCOUNT <input type="checkbox"/> CHANGE</p>
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MINISTRY NAME	OFFICE/DEPARTMENT NAME
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EMPLOYEE (BTA Accountholder) INFORMATION

NAME (Last Name, First Name and Initial)			GOVERNMENT EMPLOYEE ID NO.	
OFFICE MAILING ADDRESS		CITY	PROVINCE	POSTAL CODE
OFFICE PHONE NO. ()	OFFICE EMAIL ADDRESS	BTA NUMBER (Required only if changing existing account information)		
SIGNATURE				DATE SIGNED YYYY / MM / DD

VENDOR INFORMATION

If your office uses more than one vendor, please attach a separate sheet listing the other vendors.

VENDOR NAME

ADDRESS		CITY	PROVINCE	POSTAL CODE
VENDOR CONTACT NAME	PHONE NUMBER ()	FAX NUMBER ()	EMAIL ADDRESS	

AUTHORIZATIONS

MONTHLY LIMIT \$		PER TRANSACTION LIMIT \$		
EXPENSE AUTHORITY SIGNATURE	NAME	PHONE NUMBER ()	DATE SIGNED YYYY / MM / DD	
BTA COORDINATOR SIGNATURE	NAME	PHONE NUMBER ()	DATE SIGNED YYYY / MM / DD	

ADDITIONAL ACCOUNT SET-UP INFORMATION – To be completed by the BTA Coordinator

ACCOUNT SET UP – REPORTING UNIT (Hierarchy) NAME	ACCOUNT SET UP – HIERARCHY NUMBER
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COMMENTS