

J. Annette Morey, Associate Vice President Corporate Services
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April 2, 2020

To Whom It May Concern,

Regarding: Supplier Payments during suspension of normal business operations for COVID-19

As I am sure that you can appreciate, College of the North Atlantic is dealing with the significant challenges associated with the global response to the COVID-19 pandemic. We are currently suspending our normal business operations and moving to a work at home model.

Due to this unprecedented situation, our ability to process payments will be impacted and there may be a delay in processing. Please be assured that we are committed to maintaining our payments but ask for your understanding and patience associated with any delay in our response to you.

Also attached are two forms for suppliers. The first, Electronic Payment Request Form, are for those vendors who have a bank account in Canada regardless of currency. The second, Automated Clearing House (ACH) Payment Request Form, are for those vendors whose bank is in the United States.

Sincerely,

J. Annette Morey, BComm, CPA-CA
Associate Vice President, Corporate Services



Dear Vendor,

If you would like to receive payment from the College of the North Atlantic by direct deposit, please complete the attached form and return it along with a void cheque or verification of bank account details from your banking institution.

Thank you,

Accounts Payable Department, College of the North Atlantic

Electronic Payment Request Form (Please Print)

Please return the completed form to the Accounts Payable Department by mail, fax or email, as above.

VENDOR INFORMATION	
Supplier Number (if known/applicable)	
Business Number (if applicable; for HST/GST purposes)	
Supplier Type:	
Business/Individual Name	
Address:	
City:	
Province:	Postal Code:
Email (for Remittance Advice):	
BANK INFORMATION	
Name on Account:	
Bank Name:	
Address:	
City:	
Province:	Postal Code:
Bank Number:	Branch Number:
Account Number:	

We confirm that the bank account information provided above is correct, and acknowledge that the College of the North Atlantic (CNA) is not responsible for validating this information nor liable for its validity. We further acknowledge that payment to this account releases CNA from liability with respect to the amount so paid. CNA has permission to confirm the above banking information with our financial institution if they so choose. It is the responsibility of the vendor to provide CNA with any changes to the bank account provided above.

Signature:	Date:
Name:	Title:

The personal information that you provide to College of the North Atlantic is collected under the authority of the College Act, 1996 and the Access to Information and Protection of Privacy (ATIPP) Act. Accounts Payable is collecting your personal information to process this request and to update your vendor record. Questions regarding the collection of this personal information can be directed to the college's Accounts Payable Department, College of the North Atlantic, 432 Massachusetts Drive, P.O. Box 5400, Stephenville, Newfoundland and Labrador, Canada, A2N 2Z6, (709) 643-7712, accountspayable@cna.nl.ca



Dear U.S. Vendor,

If you would like to receive payment from the College of the North Atlantic by Automated Clearing House (ACH), please complete the attached form and return it along with verification of bank account details from your banking institution.

Please note that you must be setup to receive ACH payments from Canada with your local bank.

Thank you,

Accounts Payable Department, College of the North Atlantic

Automated Clearing House (ACH) Payment Request Form (Please Print)

Please return the completed form to the Accounts Payable Department by mail, fax or email, as above.

VENDOR INFORMATION	
Supplier Number (if known/applicable)	
Business Number (if applicable; for HST/GST purposes)	
Supplier Type:	
Business/Individual Name	
Address:	
City:	
State:	Zip Code:
Email (for Remittance Advice):	
BANK INFORMATION	
Name on Account:	
Bank Name:	
Address:	
City:	
State:	Zip Code:
ABA Number:	Account Type (Checking/Savings):
Account Number:	

We confirm that the bank account information provided above is correct, and acknowledge that the College of the North Atlantic (CNA) is not responsible for validating this information nor liable for its validity. We further acknowledge that payment to this account releases CNA from liability with respect to the amount so paid. CNA has permission to confirm the above banking information with our financial institution if they so choose. It is the responsibility of the vendor to provide CNA with any changes to the bank account provided above.

Signature:	Date:
Name:	Title:

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