



Township of Zorra

163 Brock Street PO Box 189 Thamesford Ontario N0M 2M0



519-485-2490



www.zorra.ca



admin@zorrra.ca

School Bus Grant Form

This form is to be completed to apply for funding towards a class trip to a destination within the borders of the Township of Zorra, including the Beachville District Museum. Program endorsed by Council Resolution No. 19-02-18. See Policy 500-11 for grant details and guidelines.

School Name: _____

Mailing Address: _____

Teacher Name: _____

Contact Email: _____

Grade: _____

Trip Destination: _____

Proposed Date of Trip: _____

Purpose of Trip: _____

Grant Amount Requested: _____

Please email the completed application form and EFT form to clerk@zorrra.ca

Office Use Only:	Application Status: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
Date:	
Township Staff Initials:	
Forwarded to Twp Finance Dept:	



ACCOUNTS PAYABLE DIRECT DEPOSIT FORM

The Township of Zorra is currently in the process of updating our vendor files and to process payments more effectively, the Township is transitioning payments to our vendors from cheques to Electronic Funds Transfer (EFT). This will allow payments to be received in a timely manner as well as reduce mailing time and costs.

Please complete your information below and return it to accountspayable@zorra.ca or fax to 519-485-2520. Please include a **copy of a “void” cheque with the form.**

A copy of a cheque outlines the information that we need to ensure the correct information is collected to be used to set up your account with us.



COMPANY NAME:	
CONTACT NAME:	
MAILING ADDRESS:	
PHONE NUMBER:	
EMAIL:	
BANK NAME:	TRANSIT NUMBER:
BRANCH NUMBER (FINANCIAL INSTITUTION):	
ACCOUNT NUMBER:	

I authorize the Township of Zorra to deposit my Accounts Payable payments directly to the bank account according to the information I have provided.

Signature

Date