## **POU - Supplier Direct Deposit Form**



*Indicates a mandatory field.								
Contact Information								
*Legal Name								
						<u> </u>		
*Physical Address (cannot be PO Box)			*City	ty *Prov./\$		*Postal Code/ZIP	*Country	
*Remittance Address (if different than physical address)			City		Prov./State	Postal Code/ZIP	Country	
*GST, EIN OR SSN (Local Tax Identification Number)			Phone Number					
*Remittance Notification Email (for ACH/EFT/WIRE)						Ovintiv Number		
Banking Information								
*Financial Institution Name Financial Institution Contact Name								
			•		•		•	
*Account Number ACH/EFT *Routing /Transit Number								
Wire Swift Code			Wire Routing /Transit Number IB.			AN Number (If applicable)		
*Account Currency - select one			*Status - select one					
□ CAD			☐ New authorization					
□ USD			☐ Change existing banking information					
			Important: previous bank account number					
*Supply one of the following supporting documents which match the above information:								
Void cheque - Physical Scanned Copy								
1 S. E S. E G. E G. E G. E G. E G. E G. E								
Official bank letter - stamped or signed by a bank representative (dated within the last six months)								
Official copy of an invoice to C	Ovintiv with banking instructions							
*Signature and Authorization  *Date								
*Date *Signature of Authorized Signing Authority			"Name & Title of A			Authorizea Signer (Pri	nt)	
4 0 4 44.1 41 42 42								
	-up form along with your proof of bat documents and valid signature fron							
All suppliers must complete this form for banking information set up or changes.     The D365 Master Data Team may phone to authenticate this information.								
5. For payment related questions, please contact Accounts Payable at AP-openinvoice.support@ovintiv.com.								
6. For questions concerning su	ıbmission of this form, please conta	ect our to	II free numbe	er 1-87	7-995-5777.			
Privacy Consent: By providing the i	information above, you consent to Ovinti	iv's collec	tion, use, reten	ntion an	d disclosure of	that information solely	for the	
purpose of Ovintiv depositing funds to your bank account. You also hereby consent to the disclosure of such information to the applicable financial institution(s) for the same purpose. Ovintiv may retain this information so long as is reasonable to fulfill those purposes. Ovintiv restricts access to sensitive								

data to only those required to know the information in order that Ovintiv may conduct its activities.