**SUBMIT BY EMAIL (PDF WITH SIGNATURE)**

**TO CONTRACT MANAGEMENT, WITH ORIGINAL TO FOLLOW TO THE ADDRESS ABOVE**

**(ATTN: FIT CONTRACT MANAGEMENT):**

[FIT.Contract@ieso.ca](mailto:FIT.Contract@ieso.ca)

Capitalized terms not defined herein have the meaning ascribed thereto in the FIT Contract, and for the purposes of FIT Contract version 3.1, 4.0.2 and 5.0.2 “IESO” refers to the Sponsor.

|  |  |
| --- | --- |
| Date | <insert date> |
| Legal Name of Supplier | <insert legal name of Supplier> |
| FIT Contract Identification # | <insert FIT Contract ID #> (the “FIT Contract”) |
| Contract Date | <insert Contract Date> |
| FIT Contract Version | Version 2.1.1  Version 3.0.1  Version 3.1  Version 4.0.2  Version 5.0.2 |
| Supporting Documentation | FIT Contract Direct Deposit Banking Authorization Form  “VOID” Cheque (original hard copy) |

The Supplier is submitting this Prescribed Form – Supplier Request re: Completion and Performance Security (Section 2.4(a)) in connection with Section 2.4(a)(i) of the FIT Contract. This Prescribed Form – Supplier Request re: Completion and Performance Security (Section 2.4(a)) shall serve as the Supplier’s written request for return or refund (as applicable) of all Completion and Performance Security held by the IESO pursuant to the FIT Contract, pursuant to Section 2.4(a)(i).

|  |
| --- |
| Supplier: <insert legal name of Supplier> |
| Signature: |
| Name: |
| Title: |
| I have the authority to bind the Supplier. |
| Dated this       day of       , 20 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Supplier Information** | Supplier Legal Name:  <insert legal name of Supplier> | | | | | | | | | | **IESO USE ONLY:** | | | | | | | | | | | | | | | | |
| Vendor Number  (if applicable): | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Supplier Address:  <insert address of Supplier> | | | | | | | | | | New Request (N)  or Change (C): | | | | | |  | | | | | | | | | | |
| Supplier Contact: <insert name/title> | | | | | | | | | | Contact Email: <insert email> | | | | | | | | | | | | | | | | |
| Contact Phone #: <insert phone #> | | | | | | | | | | | | | | | | |
| FIT Contract ID: <insert FIT Contract ID #> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Deposit Account Details** | Name of Financial Institution: <insert name of financial institution> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Address of Financial Institution: <insert address of financial institution> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Number | | | | Transit Number | | | | | | Account Number | | | | | | | | | | | | | | | | |
| 0 | \_ | \_ | \_ | \_ | \_ | | \_ | \_ | \_ | \_ | \_ | \_ | \_ | | \_ | | | \_ | \_ | | \_ | \_ | \_ | \_ | \_ | |
| You can find the required information encoded at the bottom of your cheque: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For example:  (1): The cheque number (**not** required)  (2): The 5-digit transit or branch number  (3): The 3-digit bank or institution number (after the pre-printed zero)  (4): The account number | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Submission | Please have the form signed by an individual duly authorized to bind the Supplier. .  A hard copy of **BOTH** this form **and** a "VOID" Cheque must be sent to the following address as mandatory supporting documentation:  **Independent Electricity System Operator**  120 Adelaide Street W, Suite 1600  Toronto, ON  M5H 1T1  **ATTN: FIT Contract Management, [Contract Analyst]**  **RE: Supplier Request for Completion and Performance Security Return**  In addition, please scan and email the completed form **AND** the "VOID" Cheque to [FIT.Contract@ieso.ca](mailto:FIT.Contract@ieso.ca). | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorization | *By signing below, the undersigned confirms I have the authority to complete this direct deposit request and authorizes the IESO to credit any payments to the account designated above.* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | | | |  | | | | | | | | | | | Date: | | | <insert date> | | | | | |  |
| Name/Title: | | | | | | <insert name/title> | | | | | | | | | | |  | | | | | | | | | |
| I have authority to bind the Supplier. | | | | | | | | | | |
| *In accordance with the Freedom of Information and Protection of Privacy Act, this information will only be used for direct deposit payments. All information submitted is treated as private and confidential.* | | | | | | | | | | | | | | | | | | | | | | | | | | |