|  |  |  |
| --- | --- | --- |
| *Contact information for individual at Institution:*  **[FOR**  **AUTOMATIC PAYMENT NOTIFICATION IN SAP]** | Contact Name: | *Karine Charron* |
| Address: | *5415 boul de l’Assomption, Montreal, QC H1T 2M4* |
| Phone Number: | *514-252-3400 x 4350* |
| Fax Number: | *514-252-3572* |
| Email: | *06\_HMR\_DEPOTSDIRECTS@SSSS.GOUV.QC.CA* |
|  | | |
| *Institution banking information:* | Bank Name: | *National Bank of Canada 006* |
| Bank Contact: |  |
| Bank Address: | *5100 rue Beaubien Est, Montreal, QC H1T 1V7* |
| Bank SWIFT Routing #: | BNDCCAMM INT |
| CHECKING Account #: | 02-545-28 |
| Ref: *(if applicable)* |  |
|  | | |
|  | | |
| *Contact information for individual at Institution to receive payment detailed information* | Contact Name: | *Karine Charron* |
| Email: | *kcharon.hmr@ssss.gouv.qc.ca* |
|  | | |
|  |  |  |
|
|  | | |
|  |  |  |
|
|  | | |
| *Institution Sales Tax Information:* | *GST/HST :*  *Applicable:* Yes  *:* **No**  *(including Zero Rated)*  *If Yes, Registration #:* | |
| *QST :*  *Applicable:* Yes **No**  *(including Zero Rated)*  *If Yes, Registration #:* | |