



DIRECT DEPOSIT (EFT) AUTHORIZATION FORM

This Agreement made
Between: _____ (The Payee)

And: Vancouver Coastal Health Authority (the Payer)

Whereas the undersigned (the Payee) hereby authorizes The Payer to set up electronic funds transfer for all payment on account to the bank account as designated by The Payee in accordance with the banking information provided in this form.

The Payee will notify The Payer in writing of any changes in account information or termination of this authorization, at least five (5) business days prior to the next due date of the pre-authorized transfer of funds.

Payee Banking Information:

Payee Name: _____

Bank Institution Name: _____

Bank Branch Number: _____

Bank Account Number: _____

If you are requesting to update your current banking information, please check box.

Please also enclose an **ORIGINAL void cheque** for reference.

The Payer will issue a payment advice for each deposit to the Payee as a form of payment notification.

Email Notification Address: _____

Authorized Signature (Payee)

Please return this form to the attention of: Todd Nevens
Finance - Accounts Payable
1795 Willingdon Avenue
Burnaby , BC V5C 6E3