



See instructions on Page 2 before completing.

Freedom of Information and Protection of Privacy Act (FOIPPA) - The personal information requested on this form is collected under the authority of the Financial Administration Act in compliance with the FOIPPA and will be used to process your Direct Deposit Application. The financial information contained below is protected under the provisions of the FOIPPA and will be used only for direct deposit by means of electronic funds transfer. For information about the collection use and disclosure practices write to the Director, Banking and Client Relations, Treasury Payments, Ministry of Finance, Provincial Treasury, PO Box 9414 Stn Prov Govt, Victoria, BC V8W 9V1.

CHECK (✓) ONE: [] START DIRECT DEPOSIT [] CHANGE BANKING INFORMATION [] CANCEL DIRECT DEPOSIT

PART 1 - SUPPLIER INFORMATION

Form with fields: INDIVIDUAL LAST NAME, FIRST NAME, MIDDLE NAME, REGISTERED BUSINESS NAME/ CORPORATION NAME, SUPPLIER NUMBER (6 or 7 digits - if known), BUSINESS NUMBER (9 digits), MAILING ADDRESS (include street or PO box, city, province and postal code)

IS THIS A CHANGE OF ADDRESS? [] YES [] NO EMAIL ADDRESS (for delivery of an electronic payment remittance)

PART 2 - BANKING INFORMATION (Canadian Financial Institutions Only)

See Page 2 for additional instructions.

Form with fields: TRANSIT NO. (5 digits), BANK NO. (3 digits), BANK ACCOUNT NUMBER, ACCOUNT HOLDER NAME(S) (if different from supplier name above), BANK NAME, ADDRESS OF BANK (include street or PO box, city, province and postal code), Financial Institution Stamp (not required if void cheque or direct deposit form attached)

PART 3 - PROGRAM IDENTIFICATION

Check (✓) which payments you want direct deposited to the account specified above.

[] ALL PROVINCE OF BC PAYMENTS [] ONLY PAYMENTS FROM (enter details below):

Table with columns: MINISTRY ISSUING THE PAYMENT, FILE NUMBER, PROGRAM DESCRIPTION

PART 4 - AUTHORIZATION

I/We, the undersigned are authorized to provide the above information on behalf of the corporation/individual(s) and further authorize the Province of BC to make payment by direct deposit into the above account until written notification to change or cancel is received.

Table with columns: SIGNATURE, FULL LEGAL NAME, TELEPHONE NUMBER (DAYTIME), DATE SIGNED YYYY / MM / DD

OFFICE USE ONLY

Table with columns: GENERAL SUPPLIER NUMBER, SITE, MINISTRY NAME, MINISTRY CONTACT NAME, TELEPHONE NUMBER, MINISTRY CONTACT SIGNATURE (electronic signature accepted), TREASURY PAYMENT SERVICES INFORMATION ADD DATE: YYYY / MM / DD, INITIALS

COMMENTS:

INSTRUCTIONS FOR COMPLETING THE DIRECT DEPOSIT APPLICATION

General Information

Complete this form if you want to start, change or cancel direct deposit payments from the Province of BC. Allow 6 to 8 weeks to process your application.

Part 2 – Banking Information

Direct deposit is only available for Canadian funds to Canadian financial institutions.

Complete Part 2 of this form with your bank account information. Attach a copy of an original voided personalized cheque, encoded deposit slip or other supporting documentation from your financial institution that confirms your account information. If supporting documentation is not available, your bank can verify the information by stamping the application form.

Name	Example	Cheque No.	0000000
P.O. Box			
City, Canada H0H 0H0			
Pay to the order of	<i>Void</i>	\$	
			Dollars
			Signature
9999 : 999999 9999 : 999 999 999			
1	2	3	4

1. Cheque number – not required
2. Transit (branch) number – 5 digits
3. Bank (institution) number – 3 digits
4. Bank account number – as shown on your cheque

Do not close your bank account prior to confirming that the direct deposit service information has been updated for Province of BC payments. Closing the account prior to updating the account information may result in the payment being delayed.

If the payment cannot be deposited to the banking information on file, a cheque will be issued and mailed to the address on file.

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INSTRUCTIONS FOR COMPLETING THE DIRECT DEPOSIT APPLICATION

Sending in Your Application

To avoid delays in processing it is important to send your completed application form and supporting documentation with your next request for payment or invoice to the ministry program issuing your payments.

Follow the instructions provided by the ministry contact or check the ministry program's website for information.

Alternatively, applications can be mailed to:

Ministry	Mailing Address
Ministry of Children & Family Development <i>(For Medical Benefits)</i>	Medical Benefits PO Box 9763 Stn Prov Govt Victoria BC V8W 9S5
Ministry of Children & Family Development <i>(For Autism Funding)</i>	Specialized Provincial Services PO Box 9776 Stn Prov Govt Victoria, BC V8W 9S5
Ministry of Children & Family Development <i>(For Affordable Child Care Benefit)</i>	Child Care Service Centre PO Box 9953 Stn Prov Govt Victoria BC V8W 9R3
Ministry of Children & Family Development <i>(For Child Care Operating Funding)</i>	Child Care Operating Funding PO Box 9965 Stn Prov Govt Victoria BC V8W 9R4
Ministry of Children & Family Development <i>(For multiple MCFD programs, or if you are unsure of your applicable program)</i>	Accounting Operations – XDA PO Box 9769 Stn Prov Govt Victoria, BC V8W 9S5
Ministry of Social Development & Poverty Reduction	Financial Services – Victoria PO Box 9950 Stn Prov Govt Victoria, BC V8W 9R3
Ministry of Forests, Lands, Natural Resource Operations & Rural Development <i>(For Rural Development; Agriculture; Environment; Energy Mines & Petroleum Resources; Indigenous Relations & Reconciliation)</i>	CSNR Financial Operations PO Box 9356 Stn Prov Govt Victoria, BC V8W 9M2
Ministry of Finance <i>(For all other ministries – application will be redirected to the ministry issuing payment to the supplier/service provider)</i>	Treasury Payment Services PO Box 9414 Stn Prov Govt Victoria, BC V8W 9V1