

DIRECT DEPOSIT APPLICATION

General and Service Provider Suppliers

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			c	CHANGE BANKING INFORMA				TION CANCEL DIRECT DEPOSIT		
PART 1 – SUPPLIER INI	FORMATIO	N								
INDIVIDUAL LAST NAME			FIRST NAME			MIDDLE N.	MIDDLE NAME			
INDIVIDUAL LAST NAME			FIRST N	FIRST NAME			MIDDLE NA	MIDDLE NAME		
REGISTERED BUSINESS NAME/ CORPORATION NAME			SUPPLII	SUPPLIER NUMBER (6 or 7 digits – if known)			wn) BUSINESS	BUSINESS NUMBER (9 digits)		
MAILING ADDRESS (include street	et or PO box, o	city, province and po	ostal code))						
IS THIS A CHANGE OF ADDRESS? EMAIL ADDRESS (for delivery of an electronic payment remittance)										
☐ YES ☐ NO										
PART 2 – BANKING INF	ORMATIO	N (Canadian F	inancia	l Instituti	ons Onl	y)				
See Page 2 for additional in	structions.	•								
TRANSIT NO. (5 digits) BANK NO. (3 digits) BANK ACCOUNT NU				IMBER			Financial Institution Stamp (not required if void cheque or direct deposit form atta			
0 , , , , ,							(not required if void	d cheque or direct de	posit form attached)	
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)										
PART 3 – PROGRAM ID	ENTIFICAT	TION								
Check (✓) which payments you want direct deposited to the account specified above. ☐ ALL PROVINCE OF BC PAYMENTS ☐ ONLY PAYMENTS FROM (enter details below):										
MINISTRY ISSUING THE PAYMENT FILE NU			BER PROGRAM DESCRIPTION			N				
PART 4 – AUTHORIZAT	ION									
I/We, the undersigned are at Province of BC to make pay SIGNATURE	uthorized to p					notificati		cancel is receiv	ed.	
×			(()			1 1 7 WWW 7 BB	
SIGNATURE	FULL LEGAL NAME	LEGAL NAME			TELEPHO	LEPHONE NUMBER (DAYTIME) DATE SIGNED YYYY / MM / DD				
X						())			
			OFF	ICE USE	ONLY					
GENERAL SUPPLIER NUMBER	SITE	MINISTRY NAME	MINISTRY CONTAC			CT NAME	TELEPHON	TELEPHONE NUMBER		
MINISTRY CONTACT SIGNATURE	E (electronic si	gnature accepted)		TREASURY	PAYMENT	SERVICES	YYYY / MM / D	D INITIALS	INITIALS	
X				INFORMATION						
COMMENTS:										

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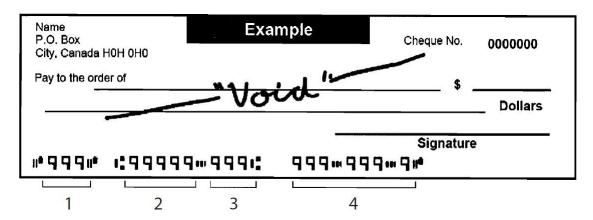
General Information

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.



- 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.

Continued on Page 3.

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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 (For Medical Benefits)	Medical Benefits PO Box 9763 Stn Prov Govt Victoria BC V8W 9S5
Ministry of Children & Family Development (For Autism Funding)	Specialized Provincial Services PO Box 9776 Stn Prov Govt Victoria BC V8W 9S5
Ministry of Children & Family Development (For Rent Supplement)	Rent Supplements PO Box 9784 Stn Prov Govt Victoria BC V8W 9S5
Ministry of Children & Family Development (For multiple MCFD programs, or if you are unsure of your applicable program)	Accounting Operations – XDA PO Box 9769 Stn Prov Govt Victoria BC V8W 9S5
Ministry of Education & Child Care (For Affordable Child Care Benefit)	Child Care Service Centre PO Box 9953 Stn Prov Govt Victoria BC V8W 9R3
Ministry of Education & Child Care (For Child Care Operating Funding)	Child Care Operating Funding PO Box 9965 Stn Prov Govt Victoria BC V8W 9R4
Ministry of Education & Child Care (For Child Care Capital Funding)	Child Care Capital Funding PO Box 9788 Stn Prov Govt Victoria BC V8W 9S5
Ministry of Education & Child Care (For multiple Child Care programs, or if you are unsure of your applicable program)	CC Accounting Operations PO Box 9715 Stn Prov Govt Victoria BC V8W 9S1
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 (For Rural Development; Agriculture; Environment; Energy Mines & Petroleum Resources; Indigenous Relations & Reconciliation)	CSNR Financial Operations PO Box 9356 Stn Prov Govt Victoria BC V8W 9M2

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INSTRUCTIONS FOR COMPLETING THE DIRECT DEPOSIT APPLICATION

Ministry of Finance		Treasury Payment Services
(For all other ministries – application will be redire	ected to the ministry issuing payment to	PO Box 9414 Stn Prov Govt
the supplier/service provider)		Victoria BC V8W 9V1

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