



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.

TRANSIT NO. (5 digits) BANK NO. (3 digits) BANK ACCOUNT NUMBER

0

Financial Institution Stamp (not required if void cheque or direct deposit form attached)

Form with fields: 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 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

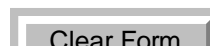
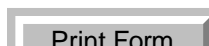
I/We, the undersigned are authorized to provide the above information on behalf of the corporation/individual(s) and further authorize the Province of BC to make payment by direct deposit into the above account until written notification to change or cancel is received.

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.	000000
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.