BRITISH	Ministry of
COLUMBIA	Finance

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:	ECK (\checkmark) ONE: START DIRECT DEPOSIT CHANGE BANKING INFORMATION CAI			CANCEL DIREC	T DEPOSIT			
PART 1 – SUPPLIER IN	FORMATIO	N						
INDIVIDUAL LAST NAME			FIRST NAME			MIDDLE NA	ME	
INDIVIDUAL LAST NAME			FIRST NAME			MIDDLE NA	ME	
REGISTERED BUSINESS NAME/	CORPORATION			IBER (6 or 7 digi	its _ if know		NUMBER (9 digits)	
REGISTERED DUGINEGO NAME/								
MAILING ADDRESS (include stree	et or PO box, c	ity, province and po	stal code)					
, ,			,					
IS THIS A CHANGE OF ADDRESS	S?	EMAIL ADD	RESS (for delive	ry of an electron	ic payment	remittance)		
YES NO								
PART 2 – BANKING INF	ORMATION	N (Canadian Fi	nancial Inst	itutions Onl	y)			
See Page 2 for additional in	structions.							
TRANSIT NO. (5 digits) BANK NO. (3 digits) BANK ACCOUNT NUMBER				ncial Institution Star				
0						(not required if void	cheque or direct depos	sit form attached)
ACCOUNT HOLDER NAME(S) (if	different from s	supplier name above	e)					
BANK NAME								
ADDRESS OF BANK (include stre	eet or PO box, o	city, province and po	ostal code)					
PART 3 – PROGRAM ID	ENTIFICAT	ION						
Check (-							
						etails below):		
MINISTRY ISSUING THE PAYME	NI	FILE NUMB	BER PROGRAM DESCRIPTION					
PART 4 – AUTHORIZAT	ION							
I/We, the undersigned are an Province of BC to make pay								
SIGNATURE	-	FULL LEGAL NAME				-	IME) DATE SIGNED	
x					()		YYYY	/ MM / DD
SIGNATURE		FULL LEGAL NAME TELEPHO		TELEPHO	NE NUMBER (DAYT	IME) DATE SIGNED		
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GENERAL SUPPLIER NUMBER SITE MINISTRY NAME MINISTRY CONTACT NAME			TELEPHONE N	TELEPHONE NUMBER				
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MINISTRY CONTACT SIGNATUR	E (electronic sig	nature accepted)	TREA		SERVICES	YYYY / MM / DD	INITIALS	INITIALS
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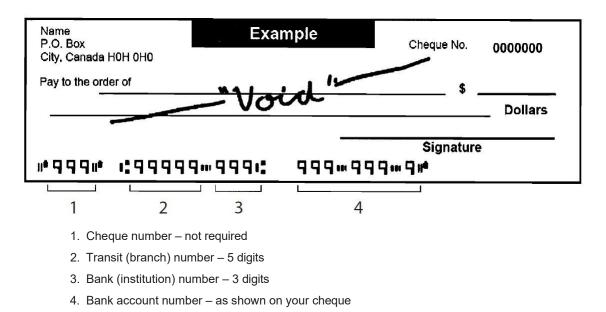
General Information

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.



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.

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

INSTRUCTIONS FOR COMPLETING THE DIRECT DEPOSIT APPLICATION

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