

ACCOUNTS PAYABLE DIRECT DEPOSIT/EFT AUTHORIZATION FORM



*This form is to be used by suppliers only.

This authorization form enables Accounts Payable (Provincial Health Services Authority) to send funds electronically into your bank account for payments on behalf of BC Health Authorities (Fraser Health Authority, Interior Health Authority, Northern Health Authority, Providence Health Care, Provincial Health Services Authority Vancouver Coastal Health and/or Vancouver Island Health Authority).

1. TYPE OF REQUEST	<input checked="" type="checkbox"/> New EFT	<input type="checkbox"/> Change/Update Existing EFT
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2. SUPPLIER INFORMATION (MANDATORY)		
Legal Name _____	GST # <u>if applicable</u>	
Mailing Address _____	Street Address	City
_____	Province	Country
_____		Postal Code
Accounting Contact Person <u>N/A</u>		
Email <u>Your Email</u>	Telephone <u>Your Phone #</u>	
(For Payment Advice Notifications)		

Please Note: Payment Advice Notifications with attachments will be sent by email **ONLY**, no hard copies will follow.

3. STATEMENT OF AUTHORIZATION			
By signing below, the Payee hereby authorizes BC Health Authorities to setup electronic direct deposit for all payment on account to the bank account information submitted together with this form. The Payee will notify Accounts Payable in writing of any changes in account information or termination of this authorization, at least ten (10) business days prior to the next due day of the pre-authorized transfer of funds.			
Name of Authorized Individual on behalf of Supplier (Printed)	Position/Title	Signature of Authorized Individual on behalf of Supplier	Date (DD/MM/YY)
<u>Your Name</u>	-	<u>Your Signature</u>	<u>Date</u>

4. REQUIREMENTS <u>include one of the following</u>			
a. Bank supporting documentation (any one of the following) Void cheque, Online direct deposit banking form, Copy of bank statement, Pre-printed bank deposit form			
b. Information on the last 3 payments received from PHSA (required only if moving to direct deposit or changing bank accounts)			
Amount Received	\$	\$	\$
Payment Date (DD/MM/YY)			
via email phsa_finance_vendor@phsa.ca		via mail Accounts Payable 1795 Willingdon Avenue Burnaby, BC, V5C 6E3	

If you have any questions, please contact Accounts Payable Vendor Team via telephone at 604.297.9248.

The personal information on this form is collected for the purpose of electronically transferring funds to your financial institution account. The personal information collected will be used and disclosed in compliance with Section 27 (2) of the British Columbia Freedom of Information and Protection of Privacy Act.

Office Use Only			
<input type="checkbox"/> Bank Supporting Documentation <input type="checkbox"/> Last 3 Payments Received <input type="checkbox"/> Confirmation of Request	Confirmed with _____ Position _____	Confirmed via <input type="checkbox"/> Phone or <input type="checkbox"/> Email Confirmation Date _____	ERP Vendor ID _____
Validated by: _____	Date _____	Form distributed to AP teams servicing	
Entered by: _____	Date _____	<input type="checkbox"/> FHA	<input type="checkbox"/> NHA
Reviewed by: _____	Date _____	<input type="checkbox"/> IHA	<input type="checkbox"/> PHSA
		<input type="checkbox"/> VIHA	<input type="checkbox"/> VCH/PHC

V2_Last revised on 17SEPT20

▶ Email: FoodskillsBC@bccdc.ca



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Entered by: _____	Date _____		
Reviewed by: _____	Date _____		

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