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	New EFT	☐ Change/Update Existing EFT
2. SUPPLIER INFORMATION	(MANDATORY)	
Legal Name		GST # if applicable
Mailing Address		
Street Addres	s	City
Province	Coun	try Postal Code
Accounting Contact Person		
Email Your Fmai		Telephone Your Phone #
		ts will be sent by email ONLY , no hard copies will follow.
3. STATEMENT OF AUTHORI		
bank account information submit	ted together with this form. The	orities to setup electronic direct deposit for all payment on account to the e Payee will notify Accounts Payable in writing of any changes in ten (10) business days prior to the next due day of the pre-authorized
M		
	Position/Title	Signature of Authorized Individual on behalf of Supplier
Name of Authorized Individual on behalf of Supplier (Printed) Your Name	Position/Title	
on behalf of Supplier (Printed) Your Name	_	Supplier Your Signature Date
on behalf of Supplier (Printed) Your Name 4. REQUIREMENTS Incl. a. Bank supporting docume	ude one of the follow	Supplier Your Signature Date The following
on behalf of Supplier (Printed) Your Name 4. REQUIREMENTS Inc. a. Bank supporting docume Void cheque, Online dir	ntation (any one of the follow rect deposit banking form, Copy	Supplier Your Signature Date We following Wing) Yof bank statement, Pre-printed bank deposit form
on behalf of Supplier (Printed) Your Name 4. REQUIREMENTS Inc. a. Bank supporting docume Void cheque, Online dir b. Information on the last 3	ntation (any one of the follow ect deposit banking form, Copy payments received from PHS	Supplier Your Signature Date We following Wing) Yof bank statement, Pre-printed bank deposit form SA (required only if moving to direct deposit or changing bank accounts)
Amount Received	ntation (any one of the follow rect deposit banking form, Copy payments received from PHS	Supplier Your Signature Date We following Wing) Yof bank statement, Pre-printed bank deposit form
A. REQUIREMENTS A. Bank supporting docume Void cheque, Online dir b. Information on the last 3	ntation (any one of the follow rect deposit banking form, Copy payments received from PHS	Supplier Your Signature Date We following Wing) Yof bank statement, Pre-printed bank deposit form SA (required only if moving to direct deposit or changing bank accounts)
Amount Received A Supplier (Printed) A REQUIREMENTS A REQU	ntation (any one of the follow rect deposit banking form, Copy payments received from PHS	Supplier Your Signature Date We following Wing) Yof bank statement, Pre-printed bank deposit form SA (required only if moving to direct deposit or changing bank accounts)
Amount Received Payment Date (DD/MM right email phsa_finance_ventor@phsa.co f you have any questions, place The personal information on this formation and Protection of Private Power Private (DD/MM right email phsa_finance_ventor@phsa.co f you have any questions, place the personal information on this formation and Protection of Private private (Printed) Amount Received Payment Date (DD/MM)	ntation (any one of the follow rect deposit banking form, Copy payments received from PHS Via mail Accounts Pa	Supplier Your Signature The following wing) y of bank statement, Pre-printed bank deposit form SA (required only if moving to direct deposit or changing bank accounts) \$ \$
A. REQUIREMENTS Inc. a. Bank supporting docume Void cheque, Online dir b. Information on the last 3 Amount Received Payment Date (DD/MM) vir email phsa_fipance_vendor@phsa.co f you have any questions, place the personal information on this formation and Protection of Privatorical Confice Use Only	ntation (any one of the follow rect deposit banking form, Copy payments received from PHS Via mail Accounts Pa Accounts	Supplier Your Signature We following Wing) If of bank statement, Pre-printed bank deposit form SA (required only if moving to direct deposit or changing bank accounts) \$ supplier Your Signature Wing) Yof bank statement, Pre-printed bank deposit form SA (required only if moving to direct deposit or changing bank accounts) \$ supplier Your Signature Pate We following SA (required only if moving to direct deposit or changing bank accounts) \$ supplier Your Signature Pate We following SA (required only if moving to direct deposit or changing bank accounts) \$ supplier Your Signature Pate We following SA (required only if moving to direct deposit or changing bank accounts) \$ supplier Your Signature Pate We following Your Signature SA (required only if moving to direct deposit or changing bank accounts) \$ supplier SA (required only if moving to direct deposit or changing bank accounts) \$ supplier SA (required only if moving to direct deposit or changing bank accounts) \$ supplier SA (required only if moving to direct deposit or changing bank accounts) \$ supplier SA (required only if moving to direct deposit or changing bank accounts) \$ supplier SA (required only if moving to direct deposit or changing bank accounts) \$ supplier SA (required only if moving to direct deposit or changing bank accounts) \$ supplier SA (required only if moving to direct deposit or changing bank accounts) \$ supplier SA (required only if moving to direct deposit or changing bank accounts) \$ supplier SA (required only if moving to direct deposit or changing bank accounts) \$ supplier SA (required only if moving to direct deposit or changing bank accounts) \$ supplier SA (required only if moving to direct deposit or changing bank accounts) \$ supplier SA (required only if moving to direct deposit or changing bank accounts) \$ supplier SA (required only if moving to direct deposit or changing bank accounts) \$ supplier SA (required only if moving to direct deposit or changing bank
Amount Received Payment Date (DD/MM rife email phsa_figance_vengor@phsa.or fyou have any questions, play the personal information on this formation and Protection of Privator (DB/MM) Office Use Only Bank Supporting Documentation Last 3 Payments Received	ntation (any one of the follow rect deposit banking form, Copy payments received from PHS Via mail Accounts Pa	Supplier Your Signature We following Wing) y of bank statement, Pre-printed bank deposit form SA (required only if moving to direct deposit or changing bank accounts) \$ syable 1795 Willingdon Avenue Burnaby, Bc, V5C 6E3 ayable Vendor Team via telephone at 604.297.9248. The of electronically transferring funds to your financial institution account.
A. REQUIREMENTS Inc. a. Bank supporting docume Void cheque, Online dir b. Information on the last 3 Amount Received Payment Date (DD/MN) vir email phsa_fipance_vendor@phsa.or f you have any questions, place of the personal information on this formation and Protection of Private of the personal information collected formation and Protection of Private of the personal information of Private of t	ntation (any one of the follow rect deposit banking form, Copy payments received from PHS via mail Accounts Pa lease contact Accounts Pa orm is collected for the purpose of will be used and disclosed in a cacy Act. Confirmed with	Supplier Your Signature The following Wing) Yof bank statement, Pre-printed bank deposit form SA (required only if moving to direct deposit or changing bank accounts) \$ Sayable 1795 Willingdon Avenue Burnaby, Be, V5C 6E8 Sayable Vendor Team via telephone at 604.297.9248. Se of electronically transferring funds to your financial institution account. Compliance with Section 27 (2) of the British Columbia Freedom of Confirmed via Phone or Email ERP Vendor ID
4. REQUIREMENTS Inc. a. Bank supporting docume Void cheque, Online dir b. Information on the last 3 Amount Received Payment Date (DD/MN) videmail phsa_finance_vendor@phsa.cd f you have any questions, place the personal information on this formation on this formation collected.	ntation (any one of the follow rect deposit banking form, Copy payments received from PHS Wia mail Accounts Payments collected for the purposed will be used and disclosed in eacy Act. Confirmed with Position	Supplier Your Signature We following Wing) Y of bank statement, Pre-printed bank deposit form SA (required only if moving to direct deposit or changing bank accounts) \$ ayable 1795 Willingdon Avenue Burnaby, BC, V5C 6E3 ayable Vendor Team via telephone at 604.297.9248. The of electronically transferring funds to your financial institution account. The compliance with Section 27 (2) of the British Columbia Freedom of Confirmed via













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1.	TYPE OF RE	QUEST	□N	lew EFT		□Change/U	Ipdate Existing El	FT			
2.	SUPPLIER	INFORMATION (M.	ANDATORY	")							
Le	Legal Name GST #										
Ма	Mailing Address										
		Province		Country			Postal Code				
Accounting Contact Person											
Em	nail					Tele	ephone				
Email Telephone (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)			itle	ure of Authorized Individual on behalf of er			Date (DD/MM/YY)				
4. REQUIREMENTS											
a.											
b.	Information	on the last 3 pay	ments rece	eived from PHSA (required	only if movin	g to direct depos	sit or changii	ng bank accounts)		
Amount Received		\$		\$		\$					
	Paym	ent 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.											
	ce Use Only										
☐ Bank Supporting Documentation ☐ Last 3 Payments Received ☐ Confirmation of Request Position ☐		with		Confirmed via ☐Phone or Confirmation Date		or □Email	ERP Vendor ID				
Validated by:		Date		301111111111111111111111111111111111111	Form distributed to AP teams servicing						
Entered by:			Date		□FHA	□NHA	□ VIHA				
Reviewed by:			Date	Date			□PHSA	□VCH\PHC			

V2_Last revised on 17SEPT20













