

# DIRECT DEPOSIT (EFT AUTHORIZATION FORM)



Would you like to ☒ **Start EFT** ☐ **Change an existing EFT arrangement**

This Agreement made between: Your Name (the Payee) and Provincial Health Services Authority (PHSA) (the Payer)

## 1. PAYEE INFORMATION

Mailing Address Your Address  
Street Address City  
Province Country Postal Code

MSP # (If Applicable, Physicians Only) n/a GST # n/a

Accounting Contact Person n/a

Email Your Email Telephone Your Phone #  
(For Remittance Statements)

\*For validation purposes, please provide your previous address below

Mailing Address n/a  
Street Address City  
n/a Country Postal Code

### Please Note:

Payment Advice Notifications will be sent by email **ONLY**, no hard copies will follow. Payment advices are system generated from [FS84PRD@phsa.ca](mailto:FS84PRD@phsa.ca) as an email with attachments. Please enable your computer to accept these emails.

## 2. STATEMENT OF AUTHORIZATION

By signing below, the Payee hereby authorizes the Payer to setup electronic funds transfer (EFT) 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 10 business days prior to the next due day of the pre-authorized transfer of funds.

Name of Payee or Authorized Individual on behalf of Payee (Printed)	Signature of Payee or Authorized Individual on behalf of Payee	Date (DD/MM/YY)
<u>Your Name</u>	<u>Your Signature</u>	<u>Date</u>

## 3. SUBMISSION

☐ The Payee hereby agrees to send this completed form **AND**

(i) a Void Cheque embossed with the account number and Payee's name **OR**

(ii) a Validated Direct Deposit form from their Financial Institution to Accounts Payable in one of the following ways

via email	via mail	or via fax
<u>phsa_finance_vendor@phsa.ca</u>	<u>Accounts Payable 1795 Willingdon Avenue Burnaby, BC, V5C 6E3</u>	<u>604.297.9313</u>

If you have any questions, please contact the Accounts Payable Vendor Team servicing PHSA via telephone at 604.297.9248 or 604.297.9220.

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

Entered By	Date Entered	Reviewed By	Date Reviewed	ERP Vendor ID

V11\_June 2018

→ Email: FoodSkillsBC@bccdc.ca

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