



## DIRECT DEPOSIT (EFT AUTHORIZATION FORM)

This Agreement made between: \_\_\_\_\_ and Vancouver Coastal Health Authority (VCH).  
(the Payee) (the Payer)

| PAYEE INFORMATION  |                |             |          |         |             |
|--|----------------|-------------|----------|---------|-------------|
| <b>Mailing Address</b>   | _____          | _____       | _____    | _____   | _____       |
|  | Street Address | City        | Province | Country | Postal Code |
| <b>Contact Person</b>  | _____          | Email _____ |          |         |             |
| <b>Telephone</b>   | _____          |             |          |         |             |
| <b>*If you've lived at the address provided above for less than one year, please provide your previous address below</b> |                |             |          |         |             |
| <b>Mailing Address</b>   | _____          | _____       | _____    | _____   | _____       |
|  | Street Address | City        | Province | 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 [FSVPRD@vch.ca](mailto:FSVPRD@vch.ca) as an email with attachments. Please enable your computer to accept these emails.

| 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 <b>BCCSS Accounts Payable</b> 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 Payee or Authorized Individual on behalf of Payee (Printed)  | Phone Number    |
| Signature of Payee or Authorized Individual on behalf of Payee   | Date (DD/MM/YY) |

| SUBMISSION   |   |                                |
|--|---|--------------------------------|
| <input type="checkbox"/> The Payee hereby agrees to send this completed form <b>AND</b> a Void Cheque OR a Direct Deposit form from their Financial Institution to BCCSS Accounts Payables in one of the following ways: |   |                                |
| <b>via mail</b> BCCSS Accounts Payable 1795 Willingdon Avenue Burnaby, BC, V5C 6E3   | <b>via email</b> <a href="mailto:tricia.reeves@hssbc.ca">tricia.reeves@hssbc.ca</a> | <b>or via fax</b> 604.297.9313 |

**If you have any questions, please contact the BCCSS Vendor Team servicing VCH via telephone at 604.297.9213.**

| Office Use Only    |                     |                          |
|--------------------|---------------------|--------------------------|
| Entered By _____   | Reviewed By _____   | ERP Vendor ID _____      |
| Date Entered _____ | Date Reviewed _____ | BCCSS Validated By _____ |