

ACCOUNTS PAYABLE DIRECT DEPOSIT/EFT AUTHORIZATION FORM



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 type="checkbox"/> New EFT	<input type="checkbox"/> Change/Update Existing EFT
---------------------------	----------------------------------	---

2. PAYEE INFORMATION (MANDATORY)

Legal Name _____

Mailing Address _____

Street Address City

Province Country Postal Code

MSP# _____ N/A **GST#** _____ N/A **Employee #** _____ N/A

**Physicians & Practitioners Only

Email _____ **Telephone** _____

(For Remittance Statements)

PREVIOUS ADDRESS INFORMATION **If this section is not applicable to you please select this N/A box

Mailing Address _____

Street Address City

Province Country Postal Code

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 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 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)	Signature of Payee or Authorized Individual on behalf of Payee	Date (DD/MM/YY)
---	--	-----------------

4. 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 Payables in one of the following ways

via email
jessie.lao3@vch.ca

If you have any questions, please contact Finance at 604.875.4111 local 66848.

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			
Validated By	Entered By	Reviewed By	ERP Vendor ID
Date Validated	Date Entered	Date Reviewed	Form distributed to AP teams servicing <input type="checkbox"/> FHA <input type="checkbox"/> NHA <input type="checkbox"/> VIHA <input type="checkbox"/> IHA <input type="checkbox"/> PHSA, VCH, PHC

