



**REGIONAL DISTRICT
of Fraser-Fort George**

ELECTRONIC FUNDS TRANSFER APPLICATION

"Void" Cheque or Financial Institution Verifications to be attached.

Freedom of Information and Protection of Privacy Act (FOIPPA)

The information collected on this form will only be used for the purpose of processing and implementing your Direct Deposit Application. This information is collected and distributed in strict accordance with the FOIPPA. For any questions regarding the collection or distribution of this information, please contact Karla Jensen, General Manager of Legislative and Corporate Services kjensen@rdffg.bc.ca or (250) 960-4444.

Part 1 – Registered Supplier Name

This payee name must be indicated on all requests for payment and must match name on bank account and name associated with the supplier number.

BUSINESS NAME

MAILING ADDRESS *Is this a change of address?* YES NO

Postal Code: _____

EMAIL – for delivery of Electronic Statement or Payment PHONE NO. – Area Code/Phone No.

(____) _____

Part 2 – Banking/Financial Institution Information

BANK/FINANCIAL INSTITUTION NAME

MAILING ADDRESS

Postal Code: _____

Transit No. (must be 5 digits)

Institution No.

Bank Account No. (left justified)

_____|_____|_____|_____|_____|

_____|_____|_____|

_____|_____|_____|_____|_____|_____|_____|

FINANCIAL INSTITUTION (FI) VERIFICATION – requires FI domicile stamp and representative signature to ensure account information accuracy for EFT remittance and authority of supplier signature. **Not required** if original **personalized** "void" cheque or deposit slip attached.

Bank Representative signature and bank stamp confirming accuracy of transit and account number and authenticity of Signature.

Date Signed: (YYYY/MM/DD)

Signature

Print Name

_____|_____|_____|/_____|_____|/_____|

Part 3 – Authorization

INITIATE Direct Deposit Payments to the above account. *CHANGE* *CANCEL* – provide banking information currently on file

BANK/FINANCIAL INSTITUTION NAME

Transit No. (must be 5 digits)

Institution No.

Bank Account No. (left justified)

_____|_____|_____|_____|_____|

_____|_____|_____|

_____|_____|_____|_____|_____|_____|_____|

Signature of Supplier/Authorized Supplier Representative

I, the undersigned, authorize the Regional District of Fraser-Fort George payments to be direct deposited into the Bank Account provided above, until further notice.

Date Signed: (YYYY/MM/DD)

Signature

Print Name

_____|_____|_____|/_____|_____|/_____|

ELECTRONIC FUNDS TRANSFER INFORMATION

- Complete Parts 1 through 3, attach a "void" cheque or obtain a FI domicile stamp and email to financialservices@rdffg.bc.ca.
- Do not close your bank account prior to confirming that Electronic Funds Transfer service information has been updated for the Regional District of Fraser-Fort George payments. Closing the account prior to updating the account information will result in the payment being delayed.
- If the payment cannot be deposited to the banking information on file, a cheque will be issued and mailed to the address information on file.
- Your EFT information will remain in effect until you update the information or cancel the service by submitting a new Electronic Funds Transfer Application form. Forms can be obtained by emailing financialservices@rdffg.bc.ca.