

# DIRECT DEPOSIT (EFT AUTHORIZATION FORM)



Would you like to  Start EFT  Change an existing EFT arrangement

This Agreement made between: \_\_\_\_\_ and Provincial Health Services Authority (PHSA).  
 (the Payee) (the Payer)

## 1. PAYEE INFORMATION

### Mailing Address

Street Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

MSP # (If Applicable, Physicians Only) \_\_\_\_\_ GST # \_\_\_\_\_

Accounting Contact Person \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_  
 (For Remittance Statements)

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

### Mailing Address

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 [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)
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## 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

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