DIRECT DEPOSIT AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

Use this form to:

◯ Start direct deposit payments

or

◯ Change information previously submitted

Effective date:_____/_____/_____

Contact information

Vendor number (if known): _____

Name of company or person to receive payment: _____

Address: _____ Phone: _____

City/Prov/Postal _____ Email:_____

Contact person: _____ WCB# _____

Title or position: _____ GST#_____

Confirmation of Deposits

Your bank statement will show payments from Strathcona Regional District.

We will send an e-mail confirmation when we deposit a payment to your account.

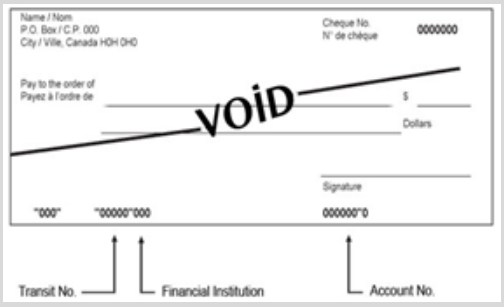
E-mail address for confirmation of deposit_____

Bank Account Information for Deposits

Please attach a void cheque

OR

Direct Deposit /Pre-Authorized Debt form from your financial institution's online banking platform.



or

Name of bank or other financial institution:

_____

Address of branch where account is held:

_____

Transit No.: Institution No.:

___|___|___|___|___ ___|___|___|___

Account No.:

__|___|___|___|___|___|___|___|___|___|___|___|___

Teller Stamp:

Authorized Electronic Funds Payments:

I authorize Strathcona Regional District (SRD) to deposit, by electronic fund transfer, payments owed to me and, if necessary, to debit entries and adjustments for amounts deposited electronically in error. The SRD will deposit the payments in the bank account designated above. I recognize that I am responsible for payment errors that result from incomplete or inaccurate information on this form.

Authorized signature:_____

Printed name:_____

Title: _____

Date:_____

Scan and email or mail completed form and void cheque or Direct Deposit form to:

Attention: Finance Dept.

Fax: 250-830-6710

Email: finance@srd.ca

Strathcona Regional District
990 Cedar Street
Campbell River, BC, V9W 7Z8

Questions?

Call: (250) 830-6700 or e-mail: finance@srd.ca