

DIRECT DEPOSIT APPLICATION

General and Service Provider Suppliers

See instructions on **Page 2** before completing.

Freedom of Information and Protection of Privacy Act (FOIPPA) – The personal information requested on this form is collected under the authority of the Financial Administration Act in compliance with the FOIPPA and will be used to process your Direct Deposit Application. The financial information contained below is protected under the provisions of the FOIPPA and will be used only for direct deposit by means of electronic funds transfer. For information about the collection use and disclosure practices write to the Director, Banking and Client Relations, Treasury Payments, Ministry of Finance, Provincial Treasury, PO Box 9414 Stn Prov Govt, Victoria, BC V8W 9V1.

CHECK (✓) ONE: START DIF	RECT DEPOSIT	CHANGE	BANKING INFORMA	IION CAI	NCEL DIREC	I DEPOSII	
PART 1 – SUPPLIER INFORMATI	ON						
INDIVIDUAL LAST NAME		FIRST NAME		MIDDLE NAME	MIDDLE NAME		
INDIVIDUAL LAST NAME		FIRST NAME	IRST NAME		MIDDLE NAME		
REGISTERED BUSINESS NAME/ CORPORATION NAME		SUPPLIER NUMBE	PLIER NUMBER (6 or 7 digits – if known)		BUSINESS NUMBER (9 digits)		
MAILING ADDRESS (include street or PO box	, city, province and po	ostal code)					
IS THIS A CHANGE OF ADDRESS? EMAIL ADDRESS (for delivery of an electronic payment remittance)							
☐ YES ☐ NO							
PART 2 – BANKING INFORMATION	ON (Canadian Fi	inancial Institu	tions Only)				
See Page 2 for additional instructions.							
TRANSIT NO. (5 digits) BANK NO. (3 digits) BANK ACCOUNT NUMBER				Financial Institution Stamp (not required if void cheque or direct deposit form attached)			
ACCOUNT HOLDER NAME(S) (if different from supplier name above)							
BANK NAME							
ADDRESS OF BANK (include street or PO bo							
PART 3 – PROGRAM IDENTIFICA	ATION						
Check (\checkmark) which payments you want direct deposited to the account specified above.							
ALL PROVINCE OF BC PAYMENTS ONLY PAYMENTS FROM (enter details below):							
MINISTRY ISSUING THE PAYMENT	ER P	PROGRAM DESCRIPTION					
PART 4 – AUTHORIZATION							
I/We, the undersigned are authorized to Province of BC to make payment by dir SIGNATURE		bove account until written notification					
X SIGNATURE FULL FOAL NAME		,			VTIME) DATE SIGNED		
SIGNATURE FULL LEGAL NAME		I ELEPHONE P		E NUMBER (DAYTIME)	R (DAYTIME) DATE SIGNED YYYY / MM / DD		
X			()				
		OFFICE USE	ONLY				
GENERAL SUPPLIER NUMBER SITE	MINISTRY NAME		MINISTRY CONTACT	NAME	TELEPHONE NUMBER		
MINISTRY CONTACT SIGNATURE (electronic signature accepted) TREASURY PAYMENT S				YYYY / MM / DD	INITIALS	INITIALS	
X			TION ADD DATE:				
COMMENTS:							

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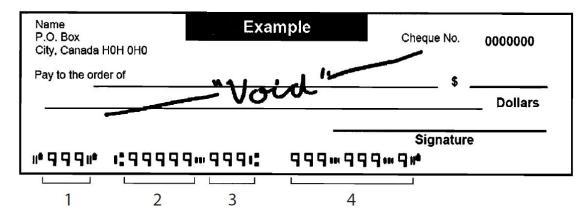
General Information

Complete this form if you want to start, change or cancel direct deposit payments from the Province of BC. Allow 6 to 8 weeks to process your application.

Part 2 - Banking Information

Direct deposit is only available for Canadian funds to Canadian financial institutions.

Complete Part 2 of this form with your bank account information. Attach a copy of an original voided personalized cheque, encoded deposit slip or other supporting documentation from your financial institution that confirms your account information. If supporting documentation is not available, your bank can verify the information by stamping the application form.



- 1. Cheque number not required
- 2. Transit (branch) number 5 digits
- 3. Bank (institution) number 3 digits
- 4. Bank account number as shown on your cheque

Do not close your bank account prior to confirming that the direct deposit service information has been updated for Province of BC payments. Closing the account prior to updating the account information may 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 on file.

Sending in Your Application

Send this completed form with your next request for payment or invoice to the ministry issuing your payment, or you can send it directly to:

Ministry of Finance Treasury Payment Services PO Box 9414 Stn Prov Govt Victoria BC V8W 9V1

Please keep a copy of this application for your records.

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