

# **DIRECT DEPOSIT APPLICATION**

## General and Service Provider Suppliers

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.

See instructions on Page 2 before completing.

CHECK (✓) ONE:	START DIRECT DEPOSIT		CHANGE BANKING INFORMATION				CANCEL DIRECT DEPOSIT				
PART 1 – SUPPLIER INFOR	MATION										
INDIVIDUAL LAST NAME			FIRST NAME			MIDE	DLE NAME				
INDIVIDUAL LAST NAME			FIRST NAME			MIDE	MIDDLE NAME				
REGISTERED BUSINESS NAME/ CORPORATION NAME			SUPPLIER NUMBER (6 or 7 digits – if known)			BUSI	BUSINESS NUMBER (9 digits)				
MAILING ADDRESS (include stre	et or PO box, city	r, province and postal	code)								
IS THIS A CHANGE OF ADDRE	EMAIL ADD	ADDRESS (for delivery of an electronic payment remittance)									
YES NO											
PART 2 – BANKING INFORM	IATION (Canad	lian Financial Instit	tutions Only)								
See Page 2 for additional inst	ructions.										
TRANSIT NO. (5 digits) BAN	RANSIT NO. (5 digits) BANK NO. (3 digits) BANK ACCOUNT NUMBER					Financial Institution Stamp			•		
0	<b>0</b>						(not required if void cheque or direct deposit form attached)				
ACCOUNT HOLDER NAME(S) (	if different from s	supplier name above	·)								
BANK NAME											
ADDRESS OF BANK (include street or PO box, city, province and postal code)											
PART 3 – PROGRAM IDENT	FICATION										
Check (✓) which payments yo	u want direct de										
			ILY PAYMENTS FROM (enter details b			ow):					
MINISTRY ISSUING THE PAYMENT		FILE NUMB	FILE NUMBER PRO		OGRAM DESCRIPTION						
PART 4 – AUTHORIZATION											
I/We, the undersigned are authorized to provide the above information on behalf of the corporation/individual(s) and further authorize the Province of BC to make payment by direct deposit into the above account until written notification to change or cancel is received.									by direct		
SIGNATURE		FULL LEGAL NAME	si is received.		TELEPHONE	ONE NUMBER (DAYTIME)		DATE SIGNED YYYY / MM / DD			
×					( )						
SIGNATURE FULL L		FULL LEGAL NAME	EGAL NAME		TELEPHONE NU		(DAYTIME)	DATE SIGNED YYYY / MM / DD			
×		( )									
			OFFICE US	SE ONLY							
Change Banking Information Request(s): Account details have been <u>verbally</u> confirmed with a <u>known</u> contact. Contact info not sourced from change request.						nation was		IL – OR CFO D DELEGATE INITIAL			
GENERAL SUPPLIER NUMBER	SITE	MINISTRY NAME	MINISTRY CONTA		RY CONTACT	NAME	TELEPHONE NUMBER		IUMBER		
MINISTRY CONTACT SIGNATU	RE (electronic sid	gnature accepted)				YYYY / N	1M / DD	INITIALS	INITIALS		
TREASURY PAYMENT SERVICES INFORMATION ADD DATE:											
COMMENTS:									1		

Print Form Clear Form

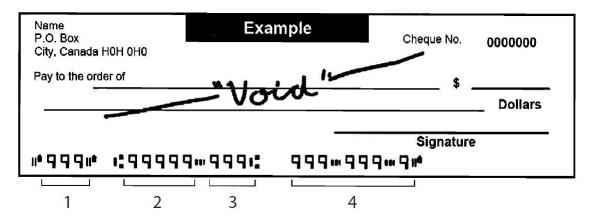
#### **General Information**

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.

Continued on Page 3.

FIN 312/WEB Rev. 2025 / 10 / 28 Page 2

#### INSTRUCTIONS FOR COMPLETING THE DIRECT DEPOSIT APPLICATION

# **Sending in Your Application**

To avoid delays in processing it is important to send your completed application form and supporting documentation with your next request for payment or invoice to the ministry program issuing your payments.

Follow the instructions provided by the ministry contact or check the ministry program's website for information.

Alternatively, applications can be mailed to:

Ministry	Mailing Address			
Ministry of Children & Family Development (For Medical Benefits)	Medical Benefits PO Box 9763 Stn Prov Govt Victoria BC V8W 9S5			
Ministry of Children & Family Development (For Autism Funding)	Specialized Provincial Services PO Box 9776 Stn Prov Govt Victoria BC V8W 9S5			
Ministry of Children & Family Development (For SAJE or Rent Supplement)	SAJE or Rent Supplement PO Box 9784 Stn Prov Govt Victoria BC V8W 9S5			
Ministry of Children & Family Development (For multiple MCFD programs, or if you are unsure of your applicable program)	Accounting Operations – XDA PO Box 9769 Stn Prov Govt Victoria BC V8W 9S5			
Ministry of Education & Child Care (For Affordable Child Care Benefit)	Child Care Service Centre PO Box 9953 Stn Prov Govt Victoria BC V8W 9R3			
Ministry of Education & Child Care (For Child Care Operating Funding)	Child Care Operating Funding PO Box 9965 Stn Prov Govt Victoria BC V8W 9R4			
Ministry of Education & Child Care (For Child Care Capital Funding)	Child Care Capital Funding PO Box 9788 Stn Prov Govt Victoria BC V8W 9S5			
Ministry of Education & Child Care (For multiple Child Care programs, or if you are unsure of your applicable program)	CC Accounting Operations PO Box 9715 Stn Prov Govt Victoria BC V8W 9S1			
Ministry of Social Development & Poverty Reduction	Financial Services – Victoria PO Box 9950 Stn Prov Govt Victoria BC V8W 9R3			
Ministry of Forests, Lands, Natural Resource Operations & Rural Development (For Rural Development; Agriculture; Environment; Energy Mines & Petroleum Resources; Indigenous Relations & Reconciliation)	CSNR Financial Operations PO Box 9356 Stn Prov Govt Victoria BC V8W 9M2			
Ministry of Finance (For all other ministries – application will be redirected to the ministry issuing payment to the supplier/service provider)	Treasury Payment Services PO Box 9414 Stn Prov Govt Victoria BC V8W 9V1			

FIN 312/WEB Rev. 2025 / 10 / 28 Page 3