



DIRECT DEPOSIT AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

Use this form to:

Start direct deposit payments



Change information previously submitted

Effective date: ____ / ____ / ____

Contact information

Vendor or Employee number (if known): _____

Name of company or person to receive payment: _____

Street Address: _____ Phone: _____

Contact person: _____ Fax: _____

Title or position: _____ Email: _____

Confirmation of Deposits

Your statement of account from your bank will show payments from Strathcona Regional District. We will send you 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 blank cheque with your bank information on it.
Write void across the front.



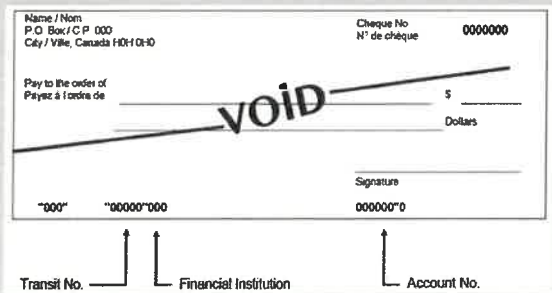
Name of bank or other financial institution: _____

Address of branch where account is held: _____

Transit No.: _____ Institution No.: _____

Account No.: _____

Teller Stamp: _____



If you wish to credit more than one bank account for payroll deposits, please contact finance.

Authorized Electronic Funds Payments:

I authorize Strathcona Regional District (SRD) to deposit, by electronic funds 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: _____

Fax, scan and email or mail completed form and voided cheque to:

Attention: Finance Dept.

Fax: 250-830-6710

Email: finance@strathconard.ca

Strathcona Regional District
#301-990 Cedar Street
Campbell River, BC, V9W 7Z8

Questions?

Call (250) 830-6700 or

e-mail: finance@strathconard.ca