

ACCOUNTS PAYABLE DIRECT DEPOSIT/EFT AUTHORIZATION FORM



This authorization form enables Accounts Payable (Provincial Health Services Authority) to send funds electronically into your bank account for payments on behalf of BC Health Authorities (Fraser Health Authority, Interior Health Authority, Northern Health Authority, Providence Health Care, Provincial Health Services Authority Vancouver Coastal Health and/or Vancouver Island Health Authority).

1. TYPE OF REQUEST	<input type="checkbox"/> New EFT	<input type="checkbox"/> Change/Update Existing EFT
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2. PAYEE INFORMATION (MANDATORY)			
Legal Name _____			
Mailing Address _____			
Street Address	City		
Province	Country	Postal Code	
MSP# _____ <input type="checkbox"/> N/A	GST# _____ <input type="checkbox"/> N/A	SIN # _____ <input type="checkbox"/> N/A	Employee # _____ <input type="checkbox"/> N/A
<small>**Physicians & Practitioners Only</small>			
Email _____		Telephone _____	
(For Payment Advice Notifications)			

Please Note: Payment Advice Notifications with attachments will be sent by email **ONLY**, no hard copies will follow.

3. STATEMENT OF AUTHORIZATION			
By signing below, the Payee hereby authorizes BC Health Authorities to setup electronic direct deposit 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 ten (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)	Position/Title	Signature of Payee or Authorized Individual on behalf of Payee	Date (DD/MM/YY)

4. REQUIREMENTS			
a. Bank supporting documentation (any one of the following) Void cheque, Online direct deposit banking form, Copy of bank statement, Pre-printed bank deposit form			
b. Information on the last 3 payments received from VCH or PHC (required only if moving to direct deposit or changing bank accounts)			
Amount Received	\$	\$	\$
Payment Date (DD/MM/YY)			
via email PHC-VCH-Vendors@phsa.ca	via mail Accounts Payable 1795 Willingdon Avenue Burnaby, BC, V5C 6E3		

If you have any questions, please contact Accounts Payable Vendor Team via telephone at 604.297.9248.

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			
<input type="checkbox"/> Bank Supporting Documentation <input type="checkbox"/> Last 3 Payments Received <input type="checkbox"/> Confirmation of Request	Confirmed with _____ Position	Confirmed via <input type="checkbox"/> Phone or <input type="checkbox"/> Email Confirmation Date	ERP Vendor ID
Validated by: _____	Date: _____	Form distributed to AP teams servicing	
Entered by: _____	Date: _____	<input type="checkbox"/> FHA	<input type="checkbox"/> NHA <input type="checkbox"/> VIHA
Reviewed by: _____	Date: _____	<input type="checkbox"/> IHA	<input type="checkbox"/> HSA <input type="checkbox"/> VCH/PHC

V2_Last revised on 17SEPT20

