

**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:

Street Address:

Telephone:

Contact Person:

Fax:

Title or Position:

Email:

**Confirmation of Deposits**

Your statement of account from your bank will show payments from City of Campbell River. 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**

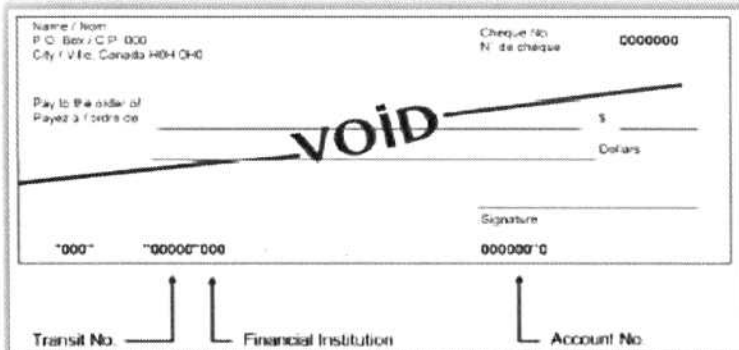
Please attach a blank cheque with your bank information on it.

**OR**

**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:

**Authorized Electronic Funds Payments:**

I authorize the City of Campbell River to deposit, by electronic funds transfer, payments owed to me and, if necessary to debit entries and adjustment for amounts deposited electronically in error. The City of Campbell River 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 provided on this form.

Authorized Signature:

Printed Name:

Title:

Date:

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

Attention: Finance Department

Fax: 250-286-5763

Email: [accounts.payable@campbellriver.ca](mailto:accounts.payable@campbellriver.ca)

Mail:

The City of Campbell River

301 St. Ann's Road

Campbell River, BC V9W 4C7

Questions?

Call (250) 286-5785 or

Email: [accounts.payable@campbellriver.ca](mailto:accounts.payable@campbellriver.ca)