



555 HARBOURFRONT DRIVE NE  
BOX 978 SALMON ARM, BC  
V1E 4P1

## Columbia Shuswap Regional District DIRECT DEPOSIT PAYMENT REQUEST FORM

### Part A – Identification: (please print)

<b>Name:</b>	<b>Vendor Number (if known):</b>
<b>Mailing Address:</b>	<b>City</b> <b>Prov</b> <b>Postal Code</b>
<b>Phone:</b>	<b>Email address:</b>
<b>Contact Name:</b>	<b>Contact Title:</b>

✓ **Check one box only:**

Start Direct Deposit                       Change Information                       Stop Direct Deposit

### Part B – Direct Deposit Routing Information

Complete the information area below **and** attach a blank cheque with the information encoded on it and "VOID" written across the front.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Branch Number</b>					<b>Institution No.</b>			<b>Account Number</b>											

<b>Name of Financial Institution:</b>	<b>Bank Location:</b> (include address if multiple in one city)	<b>Account Name:</b> (as it appears on bank account)
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### Part C – Payment Information

Payment advice will be distributed electronically at the time of payment via electronic mail. No hard copies will be issued.

**Email address for payment advice notices:**

### Part D – Certification:

I am the individual identified in Part A or, I am authorized to sign this form on behalf of the person or company identified in Part A. The account holder identified above, requests and authorizes the Columbia Shuswap Regional District to directly deposit into the account identified in Part B, amounts payable to the account holder, by way of electronic funds transfer (EFT). I certify that the information given on this form is, to the best of my knowledge, correct and complete.

<b>Name and title of authorized person:</b>	<b>Signature:</b>	<b>Date (YY-MM-DD)</b>
<b>Name and title of authorized person:</b>	<b>Signature:</b>	<b>Date (YY-MM-DD)</b>

Please return completed form and any additional information to the CSR D main office in person, by mail, by fax or email.  
Attention: Finance Department.  
For additional information, please contact Kim Tiedeman or Sheena Haines 250 832-8194.

Email: [finance@csrd.bc.ca](mailto:finance@csrd.bc.ca)  
Fax: (250) 832-3375