



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)

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

✓ **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.

Branch Number	Institution No.	Account Number

Name of Financial Institution:	Bank Location: (include address if multiple in one city)	Account Name: (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.

Name and title of authorized person:	Signature:	Date (YY-MM-DD)
Name and title of authorized person:	Signature:	Date (YY-MM-DD)

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 Chelsea Kraft or Lori Gervais at 250 832-8194.

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