770 Harmston Avenue, Courtenay, BC V9N 0G8 Tel: 250-334-6000 Fax: 250-334-4358

Toll free: 1-800-331-6007 www.comoxvalleyrd.ca



File: 1630-20

To our Vendors and Suppliers:

Re: Direct Deposit Authorization for Electronic Funds Transfer

The Comox Valley Regional District (CVRD) uses electronic funds transfers as the preferred method for paying our vendors and suppliers.

If you have not already provided your direct deposit information, please complete and return the Direct Deposit Authorization for Electronic Funds Transfer (EFT) form on the back of this letter, along with a void cheque to:

Accounts Payable Comox Valley Regional District 770 Harmston Avenue Courtenay BC V9N 0G8

You may also fax this form to (250) 334-4358, or send via email to ap@comoxvalleyrd.ca.

If you have already sent us a signed copy of the EFT application and financial information, thank you, and please disregard this request.

For any questions regarding this form, please contact CVRD Accounts Payable at 250-334-6034 or by email at ap@comoxvalleyrd.ca.

Sincerely,

L. Wiwcharuk

Lucy Wiwcharuk, CPA, CMA Chief Financial Officer

File No. 1630-20



DIRECT DEPOSIT AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

Use this form to:					
Start direct deposit payments	Or	Change information previously submitted			
		Effecti	ve date:		
Contact Information			•		
Vendor number (if known):					
Name of company or person to receive payment:					
Street Address:		Phone:			
		7 -	(enter number w	rithout dashes)	
Contact person:		Fax:			
Title or position:		E-mail			
Confirmation of Deposits					
Your bank statement will show payment from Comox Valley confirmation when we deposit a payment to your account.	Regional Dist	rict. We will se	nd you an e-mail		
E-mail address for confirmation of deposit:				1	
Bank Account Information for Deposits		Name of hai	nk or other financi	ial institution:	
•	Or	Name or par	TIK OF OUTER IIITATIO	iai iristitution.	
Please attach a blank cheque with your bank information on it.	Address or branch where account is held:				
		Addicas	Jidiloli Wilolo doo	ount is noid.	
Write void across the front.	3	Transit No.:	•	Institution No.:	
PO. Bar / C.P. 000 PO. Bar / C.P. 000 PO. Bar / C.P. 000 N° de chêque O000000					
Pay to the order of Payez à l'ordre de		Account			
Coders					
Signature		No.: Teller			
"000" "00000"000 000000"0					
		Stamp:			
Transit No. —— Financial Institution — Account No.					
Authorized Electronic Funds Payments:			ail completed form a	and	
I authorize Comox Valley Regional District (CVRD) to deposit, be electronic fund transfer, payments owed to me if necessary, to debi	:4	voided cheque to: Attention: Finance Department and,			
entries and adjustments for amounts deposited electronically in error The CVRD will deposit the payments in the bank account designated a	r. Fav. 250	Fax: 250-334-4358-			
I recognize that I am responsible for payment errors that result fro	Email: ar	Email: ap@comoxvalleyrd.ca			
incomplete or inaccurate information on this form.	Comox V	/alley Regional Dis	strict		
Authorized signature:			urtenay, BC V9N 0G8		
Printed name:	Questi				
Title:	,	Call (250) 334-6000 or E-mail: administration@comoxvalleyrd.ca			
Date [.]					

The personal information collected on this form is collected under the authority of Section 26 (c) of the *Freedom of Information and Protection of Privacy Act* and will be used solely for the purpose of the processing an Electronic Funds Transfer. Should you have any questions about the collection, use and protection of your personal information, please contact the Corporate Financial Officer by emailing administration@comoxvalleyrd.ca or by calling the Financial Accounting Technician at 250-334-6000.