600 Comox Road, Courtenay, BC V9N 3P6 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 (EFT)

The Comox Valley Regional District uses electronic funds transfer (EFT) 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:

Comox Valley Regional District 600 Comox Road Courtenay, BC V9N 3P6.

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

If you have already sent your signed copy of the EFT form to us, thank you and please disregard this request. Please contact us if you have any questions.

Sincerely,

Beth Dunlop, CPPB, CPA, CGA Corporate Financial Officer

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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	ithout dashes)	
Contact person:		Fax:			
Title or position:		E-mail			
Confirmation of Deposits		<del></del>			
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 ha	nk or other financi	ial institution:	
Please attach a blank cheque with your bank	Or	Name or bar	TIK OF OTHER IIII ATIO	iai irisuluuori.	
information on it.	Address or branch where account is held:				
Write void across the front.		, , , , , , , , , , , , , , , , , , , ,	014.1011	ount to hote.	
Name / Nom	7	Transit No.	:	Institution No.:	
P.O. Box / C.P. 000 City / Valle, Canada HOH CHO N° de Chique 0000000					
Pay to the order of Payez à l'ordre de		Account			
Collers					
Signature		No.: Teller			
Transit No Financial Institution Account No.		Stamp:			
THEN THE PROPERTY OF THE PROPE	<u> </u>				
Authorized Electronic Funds Payments:  I authorize Comox Valley Regional District (CVRD) to deposit, b		n and email or m	ail completed form a	nnd	
electronic fund transfer, payments owed to me if necessary, to debi	t Attention	Attention: Finance Department and,			
entries and adjustments for amounts deposited electronically in error The CVRD will deposit the payments in the bank account designated at	bove Fax: 250	Fax: 250-334-4358-			
I recognize that I am responsible for payment errors that result from	Email: an	o@comoxvalleyrd.	ca		
incomplete or inaccurate information on this form.		/alley Regional Dis			
Authorized signature:	600 Com	nox Road, Courten	ay, BC V9N 3P6		
Printed name:	Questi				
Title:	,	Call (250) 334-6000 or E-mail: administration@comoxvalleyrd.ca			
Date:	7				

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.