

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](mailto: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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**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:

Phone:

(enter number without dashes)

Contact person:

Fax:

Title or position:

E-mail:

**Confirmation of Deposits**

Your bank statement will show payment from Comox Valley Regional District. We will send you an e-mail confirmation when we deposit a payment to your account.

E-mail address for confirmation of deposit:

**Bank Account Information for Deposits**

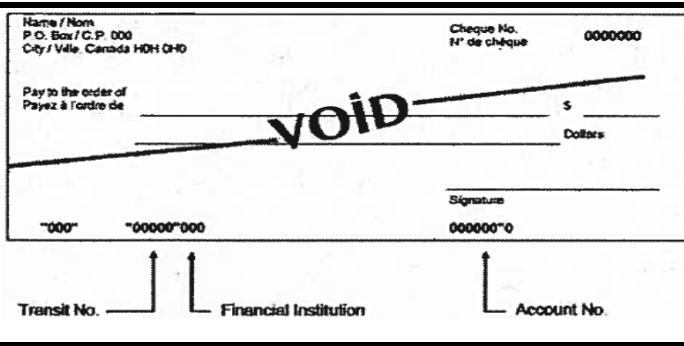
Please attach a blank cheque with your bank information on it.

Or

Name of bank or other financial institution:

Address or branch where account is held:

Write void across the front.



Transit No.:

Institution No.:

Account

No.: Teller

Stamp:

**Authorized Electronic Funds Payments:**

I authorize Comox Valley Regional District (CVRD) to deposit, by electronic fund transfer, payments owed to me if necessary, to debit entries and adjustments for amounts deposited electronically in error. The CVRD 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 on this form.

Authorized signature:

Printed name:

Title:

Date:

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

**Attention:** Finance Department and,

Fax: 250-334-4358.

Email: [ap@comoxvalleyrd.ca](mailto:ap@comoxvalleyrd.ca)

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

**Questions?**

Call (250) 334-6000 or

E-mail: [administration@comoxvalleyrd.ca](mailto:administration@comoxvalleyrd.ca)