



Accounts Payable Direct Deposit Form

Check One: <input type="checkbox"/> Start Direct Deposit <input type="checkbox"/> Stop Direct Deposit <input type="checkbox"/> Update Information
If Update information selected, please indicate what needs updating:

Part 1: Employee/Vendor Information	
Employee/Vendor Name:	
Address:	
Contact Name (for vendors):	
Contact Phone number:	

Part 2: Notification
We are able to offer notification of payments by email or by mail. Please check one of the boxes below to indicate how you would like to receive notification of payments.
<input type="checkbox"/> Mail Notification <input type="checkbox"/> Email Notification, please provide Email Address:

Part 3: Bank Information	
Please include a void cheque and complete the following information which can be found on your cheque (see screen shot below)	
Bank Name:	
Transit Number (5 Digits):	
Institution Number (3 Digits):	
Account Number:	
Name of account holder:	

Part 4: Authorization by Applicant	
Name	
Title (for vendors)	
Signature:	

Please return completed signed form **with a void cheque** to:
 First Nations Health Authority
 #501 – 100 Park Royal South
 West Vancouver, B.C. V7T 1A2
 Confidential – Attention: Accounts Payable