

ACCOUNTS PAYABLE
APPLICATION FOR DIRECT DEPOSIT

Please print after form is completed for signature and attach void cheque.

START DIRECT DEPOSIT

CHANGE DIRECT DEPOSIT

PAYEE NAME _____ MSP# _____

PAYEE NAME (please print)

REMITTANCE ADVICE ADDRESS:

(Street)

(City)

(Postal Code)

() - _____

(Telephone)

(E-mail Address)

I hereby authorize the Fraser Health Authority to deposit payments directly to the account indicated. I understand that this authorization will remain in effect until I notify Fraser Health Authority, Accounts Payable in writing, of any change.

SIGNATURE

DATE

If signing on behalf of Legal Company please print:

Name

Title

Please attach a blank cheque (marked VOID) to this form here.

ATTACH CHEQUE MARKED VOID HERE

Return completed form directly to:
Accounts Payable, Fraser Health Authority
Support Services Facility
8521-198A Street
Langley, B.C.
V2Y 0A1