

Name(s) on bank account

Bank name

Bank address

Vendor request form

Please complete this form (with the assistance of your bank, if applicable) and return the original signed form to Public Guardian and Trustee, 700-808 West Hastings Street, Vancouver, B.C. V6C 3L3.

Alternatively, please email the completed form to VendorRequests@trustee.bc.ca.

Vendor (payee) information				
Last name	First name	Business name		
Contact person	Street address			
City	Province	Postal code		
Phone	Fax	Email		
Financial account information Please complete this section if requesting Electronic Fund Transfer (EFT)/Direct Deposit payments.				
My account information is verified by: Attached cheque marked 'Void' Attached bank statement Letter issued by Financial Institution Customer Service Representative completed		Teller Stamp confirming accuracy of transit , institution and account number and authenticity of account holder's signature:		
Branch/Transit number (5 digit) Institution number (4 digit) Bank account number				

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Direct deposit authorisation

I understand that the personal information on this form is collected and used only to make direct deposit payments to my account.

I hereby authorize the Public Guardian and Trustee to deposit, until further notice in writing, payment due to me into my account, as noted above.

I agree that the Public Guardian and Trustee and/or its client will have no further liability with respect to any payments made in accordance with this authorisation and may at any time discontinue payment by direct deposit.

Account holder's signature	Print name	Date	Date		
Public Guardian and Trustee: Operating Division Representative use only					
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Client's last name	Client's first name	Client ID			
Please make a selection:					
Trust client	Client stakeholder	Cheque	EFT		
PSF refund/non-trust	Heir/beneciary	Bank draft	Wire transfer		
APWP number	Vendor number				
	In	nitial Date			
Vendor reviewed/released by QA Clerk:					

Information you provide will be used to pass your accounts as trustee. Information is collected under the Freedom of Information and Protection of Privacy Act (FOIPPA) and other applicable legislation. If you have any questions about the collection, use or disclosure of information, contact the PGT's Information and Privacy Officer at 604-660-4444 or $\frac{\text{mail} @ \text{trustee.bc.ca}}{\text{mail} @ \text{trustee.bc.ca}}$

