

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](mailto:VendorRequests@trustee.bc.ca).

## Vendor (payee) information

<b>Last name</b>	<b>First name</b>	<b>Business name</b>
<b>Contact person</b>	<b>Street address</b>	
<b>City</b>	<b>Province</b>	<b>Postal code</b>
<b>Phone</b>	<b>Fax</b>	<b>Email</b>

## 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:

<b>Branch/Transit number (5 digit)</b>	<b>Institution number (4 digit)</b>	<b>Bank account number</b>
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**Name(s) on bank account**

**Bank name**

**Bank address**

## 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**

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## Public Guardian and Trustee: Operating Division Representative use only

**Client's last name**

**Client's first name**

**Client ID**

**Please select recipient:**

**Method of payment:**

Trust client

Client stakeholder

Cheque

EFT

PSF refund/non-trust

Heir/beneficiary

Bank draft

Wire transfer

**APWP number**

**Vendor number**

**Initial**

**Date**

**Vendor reviewed/released by QA Clerk:**

Information you provide is for the purpose of setting you up to receive payments by way of direct deposit. 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 [VendorRequests@trustee.bc.ca](mailto:VendorRequests@trustee.bc.ca).