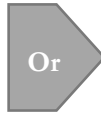




DIRECT DEPOSIT AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

Use this form to:

Start direct deposit payments



Change information previously submitted

Effective date: [ ]

Contact Information

Vendor number (if known): [ ]
Name of company or person to receive payment: [ ]
Street Address: [ ]
Suite/Apt.No: [ ]
Contact person: [ ]
Title or position: [ ]
Phone: [ ]
E-mail: [ ]

Confirmation of Deposits

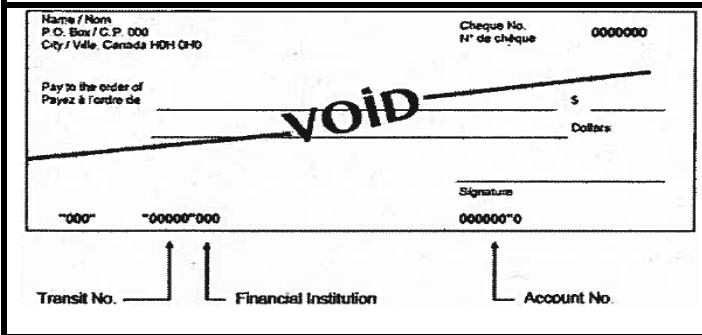
Your bank statement will show payment from Cowichan Valley Regional District. We will send you an e-mail confirmation when we deposit a payment to your account.

E-mail address for confirmation of deposit: [ ]

Bank Account Information for Deposits

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

Write void across the front.



Name of bank or other financial institution: [ ]
Address or branch where account is held: [ ]
Transit No: [ ][ ][ ][ ][ ][ ]
Institution No: [ ][ ][ ]
Account No: [ ][ ][ ][ ][ ][ ][ ][ ][ ]
Teller Stamp: [ ]

Authorized Electronic Funds Payments: I authorize Cowichan Valley Regional District (CVRD) to deposit, by electronic fund transfer, payments owed to me. 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.

Forward completed signed form and voided cheque either by mail, email or fax to:

Cowichan Valley Regional District
ATTN: Finance Division
175 Ingram Street, Duncan, BC V9L 1N8
Email: ap@cverd.bc.ca

Authorized signature: [ ]
Printed name: [ ]
Title: [ ]
Date: [ ]

Questions?
Call: (250)746-2576 or
E-mail: ap@cverd.bc.ca