

## Direct Deposit (EFT) Authorization Form

Dear Valued Member,

Health Sciences Association of BC (HSABC) provides a payment option of processing electronic funds directly to your bank account. This conversion to EFT from cheque provides enhanced security, eliminates cheque fraud, reduces costs and improves timing of payments. If you would like to change your payment method, please complete the form outlined below:

Transaction Type (Select One)			Request Date
<input type="checkbox"/> New Set Up	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Change of Information	_____ (mm/dd/yy)

This Agreement made by and between \_\_\_\_\_ (Member Name/The Payee)  
And Health Sciences Association of British Columbia (The Payor)

**Member Address:** \_\_\_\_\_  
Street Address City  
Postal Code Phone Number

**Member/Payee Banking Information:**

**Bank Branch Number:** \_\_\_\_\_ **Bank Institution Number:** \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_

In addition, please enclose one of the following forms:

- a direct deposit form that can be printed from online banking or
- an original void cheque for reference or
- a direct deposit advice/form from the bank/credit union that states the above information

The Payor will email a direct deposit remittance advice prior to each deposit to the Payee as a form of payment notification. Please provide the email notification address.

**Email Notification Address:** \_\_\_\_\_

### Authorization

I hereby authorize Health Sciences Association of BC (HSABC) to direct payments electronically to the bank specified above. This authorization agreement is effective as of the date outlined above and is to remain in full force and effect until HSABC has received notification of its termination. I agree to submit an updated Direct Deposit (EFT) Authorization Form to HSABC for the cancellation of this agreement or to make any changes to the information provided within this agreement.

**I confirm this is the only application for 2022 that I am making for reimbursement of my College fees through the Nurses Bargaining Association**  Check

**Member Signature:** \_\_\_\_\_ **Date (mm/dd/yy):** \_\_\_\_\_

**Please return this form and one of the requested enclosed forms to the attention of:**

Health Sciences Association of British Columbia

Or Via Fax 604.515.8889 Toll Free 800.663.6119

Accounting Department

Or [Via Email at CollegeFees@hsabc.org](mailto:CollegeFees@hsabc.org)

180 East Columbia Street

New Westminster, BC V3L 0G7

**Note:** To ensure delivery to your inbox, please add payable@hsabc.org to your address book or safe list.

**Finance Use Only:**

Vendor Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Input By: \_\_\_\_\_

Reviewed By: \_\_\_\_\_