

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

Surname

First name

Business name

Contact person

Address - Street

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.

5-digit Branch/Transit number

4-digit Institution number

Bank Account number

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

Public Guardian and Trustee: Operating Division Representative use only

Client - Surname

Client - First name

Client ID

Please make a selection:

- | | | | |
|--|--|----------------------------------|-------------------------------------|
| <input type="radio"/> Trust client | <input type="radio"/> Client stakeholder | <input type="radio"/> Cheque | <input type="radio"/> EFT |
| <input type="radio"/> PSF refund/non-trust | <input type="radio"/> Heir/beneficiary | <input type="radio"/> Bank Draft | <input type="radio"/> Wire Transfer |

Public Guardian and Trustee: Operating Division Representative use only

APWP number

Vendor number

Vendor reviewed/released by QA Clerk

Initial

Date

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 the PGT's Information and Privacy Office, at 604-660-4444 or mail@trustee.bc.ca