



VENDOR REQUEST & DIRECT DEPOSIT AUTHORIZATION FORM

This authorization form enables the PGT to send funds electronically into your bank account within Canada for payments on behalf of PGT trust clients or estates.

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, BC, V6C 3L3](#). Alternatively, please e-mail the completed form to VendorRequests@trustee.bc.ca

Vendor (Payee) Information

Initial Setup Change/Update

Name: _____

Business Name: _____ Contact Person: _____
(if applicable and different from above) *Name & Title (for businesses)*

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email/Fax: _____

Financial Account Information

Please complete this section only if requesting Electronic Fund Transfers (EFT)/Direct Deposit payments.

My account information is verified by:
(check one box only)

- Attached Cheque Marked "Void"
- Attached Bank Statement
- Letter Issued by Financial Institution
- Customer Service Representative completed my Account Information below

Branch/Transit #: (5 Digits) _____

Institution #: (4 Digits) _____

Bank Account #: _____

Exact Name(s) on Bank Account: _____

Bank Name: _____

Bank Address: _____

Teller Stamp confirming accuracy of TRANSIT, INSTITUTION AND ACCOUNT number and authenticity of account holder's signature.

DIRECT DEPOSIT AUTHORIZATION

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 authorization and may at any time discontinue payment by direct deposit.

Account Holder's Signature

Print Name

Date

Public Guardian and Trustee use only

- Initial Setup
 - Place on Hold
 - *Change/Update
 - Remove Hold
 - *Termination of Direct Deposit
- *Effective date of change/termination for existing authorizations: (yyyy/mm/dd) _____*

Vendor #: _____

Initiator: _____ Date: _____

Search Name/Client #: _____

Enter By: _____ Date: _____

Vendor Segment: _____

Approver: _____ Date: _____