

## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize the **South Island Division of Family Practice** (SIDFP) to initiate automatic deposits to my account at the financial institution named below. I also agree to promptly reimburse the Division for any overpayments.

Further, I agree not to hold the **SIDFP** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the **SIDFP** receives written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Division.

### Banking Information (Please Print)

Name of Financial Institution:		
Branch Address:		
Account type (check one): <input type="checkbox"/> Chequing <input type="checkbox"/> Savings		
Transit Number (5 digits)	Institution Number (3 digits)	Account Number

How to find the above numbers on your cheque:

- First 3 digits on bottom left of cheque corresponds to cheque number on the top right
- Next **5 digits** at the bottom are your **transit number**
- Next **3 digits** are your **institution number**

Void cheque attached (**required**) \*\*Scanned or faxed copy is acceptable.\*\*

### Personal Information (Please Print)

Name:	
Address:	
Phone:	<b>*Email:</b>

I hereby authorize **SIDFP** to process direct deposits into the account specified in banking session information noted above.

Signature (Primary):	Date:
Signature (Joint):	Date:

**\*When funds are deposited, you will receive an email notification from TelPay.**

Please return this completed form by fax, scan/email or regular mail to Jay Boulet, SIDFP, e-mail: [ap@sidfp.com](mailto:ap@sidfp.com). Phone: 250-658-3303 Fax: **250-658-3304**  
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