

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize the **North Shore Division of Family Practice** 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 **North Shore Division of Family Practice** 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 **North Shore Division of Family Practice** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Division.

Account Information

Name of Financial Institution: _____

Number of Financial Institution (3 digits): _____

Transit Number (5 digits, include the zero if present): _____

Account Number (max 12 digits): _____

Chequing

Savings

Signature

Name (Please type or print clearly): _____

Authorized Signature (Primary): _____

Date: _____

Authorized Signature (Joint): _____

Date: _____

Telephone: _____

Email: _____

When funds are deposited, you will receive an email notification from Telpay.

Please attach a photocopy of a voided cheque and return this form to Joanne Wall, Accountant, K.J. Wall and Associates Ltd., #203 - 1075 West 1st Street, North Vancouver, BC V7P 3T4

Telephone: 604-987-9515 Fax: 604-648-8790 Email: info@kjiwcpa.com

How to Find Your Bank Transit and Institution Numbers

- The first three digits on the bottom left of your cheque corresponds to the cheque number on the top right.
- The next five digits at the bottom is your transit number.
- Then the next 3 digits is your Institution number.