



## DIRECT DEPOSIT REQUEST FORM

NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee ID: \_\_\_\_\_ ( For PHSA Employees only)

Please complete the following Financial Institution information and attach a **VOIDED** cheque:

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

\_\_\_\_\_

Bank Code: \_\_\_\_\_ Branch Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Remittance Information:** How would you prefer to receive payment details? **(Please check one)**

E-mail    E-mail Address: \_\_\_\_\_

Mail

Contact Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE MAIL OR DELIVER COMPLETED FORM AND VOIDED CHEQUE TO:**

**PHSA Finance, Disbursements**  
**260 – 1770 West 7<sup>th</sup> Avenue**  
**Vancouver, B.C. V6J 4Y6**  
**Phone: (604) 875-7100 (Main Line)**  
**Fax: (604) 875-7199**