



**ACCOUNTS PAYABLE**

**APPLICATION FOR DIRECT DEPOSIT**

Please print and complete this form for signature and attach a void check.

**Start** Direct Deposit

**Change** Direct Deposit

Payee Name (Print) \_\_\_\_\_

Remittance Address: \_\_\_\_\_

\_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(Postal Code)*

( ) -

\_\_\_\_\_  
*(Telephone)*

\_\_\_\_\_  
*(Email Address)*

I hereby authorize the British Columbia Association of Friendship Centres (BCAAFC) to deposit payments to the account indicated. I understand that this authorization will remain in effect until I notify BCAAFC in writing, of any change.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*

If signing on behalf of Legal Company,  
please print.

\_\_\_\_\_  
*(Name)*

\_\_\_\_\_  
*(Title)*

**RETURN COMPLETED FORM DIRECTLY TO: BCAAFC, Finance Department**

551 Chatham St., Victoria, BC V8T 1E1

Email: [FinanceAssist@bcaafc.com](mailto:FinanceAssist@bcaafc.com)