



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 Aboriginal 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