

## ELECTRONIC FUNDS TRANSFER APPLICATION FOR STAFF AND STUDENTS

Emily Carr University is pleased to provide Direct Deposit. Instead of mailing a cheque, we will electronically transfer the payment to your bank account and notify you via email that the bank deposit is being made. This will benefit your cash flow by getting funds into your bank account faster and avoid problems with lost and stolen cheques and postal disruptions.

Please complete and sign this form, indicating your preference regarding payment via Electronic Funds Transfer (Direct Deposit)			
<input type="checkbox"/> Yes, I want to receive payments via EFT	<input type="checkbox"/> Revision to Current Authorization (e.g. account or bank changes)	<input type="checkbox"/> EFT Termination Request	
The following is my personal information:			
Name:		Staff/Student Number:	
Apt:	Address:		
City:	Province:	Postal Code:	
Telephone Number:		Cell Phone Number:	

Direct Deposit Information			
Your payment will be deposited directly into your <b>BANK ACCOUNT</b> . You <b>MUST</b> provide either: Copy of a <b>VOID CHEQUE</b> or <b>BANK ACCOUNT VERIFICATION LETTER</b> from your Bank clearly stating your Bank ID (Institution Code), Transit ID Code and Account information.			
<b>Institution Code</b> 3-digit number (XXX)	<b>Bank Transit</b> 5-digit number (XXXXX)	<b>Account Number</b> (up to 12 digits)	
Bank Name:	Unit:	Address:	
City:	Province:	Postal Code:	
Telephone Number:			
<input type="checkbox"/> <b>REQUIRED</b> Attach a <b>Void Cheque</b> or a <b>Bank Account Verification Letter</b> from your Bank			

Notification Email Address
When payment has been deposited in our account please notify us at the following:
<b>Email:</b>

Authorization			
I hereby authorize Emily Carr University to initiate deposits, corrections or terminations to the financial institution as indicated above.			
<table style="width: 100%;"> <tr> <td style="width: 40%;">Authorized Signature:</td> <td style="width: 30%;">Name:</td> <td style="width: 30%;">Date:</td> </tr> </table>	Authorized Signature:	Name:	Date:
Authorized Signature:	Name:	Date:	

Upon completion please send form to:

**Email:** [ap@ecuad.ca](mailto:ap@ecuad.ca)  
 or mail to: Emily Carr University  
 Attn: Accounts Payable  
 520 1 Ave E  
 Vancouver BC V5T 0H2  
 Contact: Kathleen Johnson  
 Phone: 604 844 3834

University Use Only	
Vendor Number	Date Completed