

Direct Deposit Authorization

Instructions:

- The University of Northern British Columbia can pay by direct deposit to Canadian Bank Accounts Only.
- Complete this form and supply supporting documents to receive or make changes to direct deposit information that UNBC has on file.

OR

- If you are an employee of UNBC and want to make changes to payroll deposit information, please contact HR (employmentprocessing@unbc.ca).
- Only cheques with pre-printed account holder name & address will be accepted.
- If you do not have cheques, obtain confirmation of your banking information from your bank.
- Please email or forward completed forms and supporting documents to;

University of Northern British Columbia Attn: Finance Department 3333 University Way Prince George, BC V2M 429

Finance@unbc.ca

* If you are an employee/ student, please send from UNBC email account*

New Direct Deposit Authorization

Change of Existing Information

| | · | | | | | | | |
|---|--|-------------|---|---|------------------------|--|-------------|--|
| Section A – Payee Identification | | | | | | | | |
| Vendor / Payee Legal Name (First Name, Middle Name, Last Name) | | | | | | UNBC #: | | |
| Company Legal Name | | | | | Company Contact Person | | | |
| Mailing Street Address | | | Suite | City | Province | | Postal Code | |
| Contact Number Email A | | | Address (Student/Employee must use UNBC Emails) | | | Payment notifications will be sent to this email address | | |
| Section B – Banking Information | | | | | | | | |
| I have attached a | I have attached confirmation from my Financial Institution | | | | | | | |
| Institution Code | Transit Number | | Account Number | | | | | |
| | | | | | | | | |
| Name of Bank Account Holo | Name of Financial Institution (must be a Canadian Institution) | | | | | | | |
| Financial Institution Address | | | | | | | | |
| Mailing Street Address | | | Suite | City | | Province | Postal Code | |
| Section C - Authorization | | | | | | | | |
| Until further notice, I authorize the University of Northern British Columbia to deposit payments into the account noted above. | | | | | | | | |
| Authorized Bank Account Holder Signature | | | First Name | | Last Name | | Date | |
| Personal information contained on this form is collected and will be used ONLY for direct deposit of accounts payable payments into a payee's chosen bank account. Questions regarding the completion of this form or about the collection of information should be directed to accounts payable. Please contact 250 960 5510 or email Finance@unbc.ca . | | | | | | | | |
| For UNBC Finance Office Use Only | | | | | | | | |
| Received by: Email N | 1ail Persor | n Ve | rified by: | hone Initials of Verifier: Date Verified: | | | /erified: | |