



NOTICE: Information on this form is collected under the authority of the *Employment and Assistance Act* or *Employment and Assistance for Persons with Disabilities Act* and will be used for administrative purposes related to electronic funds transfer. The information on this form is subject to the provisions of the *Freedom of Information and Protection of Privacy Act* and any questions regarding this form should be directed to your Employment Assistance Worker at your local Employment and Assistance Office.

CLIENT FILE NUMBER

EMPLOYMENT AND ASSISTANCE OFFICE INFORMATION

PLEASE PRINT CLEARLY

EMPLOYMENT AND ASSISTANCE OFFICE	
EMPLOYMENT AND ASSISTANCE OFFICE ADDRESS	POSTAL CODE

CLIENT NAME

LAST NAME	FIRST NAME	INITIALS
EMAIL ADDRESS		

MAILING ADDRESS

STREET		CITY
PROVINCE	POSTAL CODE	TELEPHONE

NOTE: Money deposited to your bank account can be taken from your account by parties who have a court order or judgement against you.

The Province of British Columbia is hereby requested to credit payments due to the below account with the Financial Institution designated, until cancelled in writing by me. I agree the Ministry may discontinue/suspend direct deposit at any time.

SIGNATURE	DATE (YYYY MMM DD)
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Attach a personalized cheque with **“VOID”** written on the front **OR** have your financial institution complete this section.

BANK OR FINANCIAL INSTITUTION

JOINT ACCOUNT? YES NO

NAME OF PERSON(S) ON ACCOUNT		
BANK OR FINANCIAL INSTITUTION		
STREET		CITY
PROVINCE	POSTAL CODE	TELEPHONE
BANK NUMBER	TRANSIT NUMBER	ACCOUNT NUMBER

Bank or Financial Institution Verification (Required only if no VOID cheque is attached) Signature and Bank Domicile Stamp Confirming Accuracy of Transit and Account Number and Authenticity of Signature	DATE SIGNED (YYYY MM DD)
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