



Electronic Funds Transfer Direct Bank Deposit Authorization

We hereby authorize the College of Physicians and Surgeons to make direct deposits to the account specified below. This authorization is to remain in effect until cancelled by advance notice in writing. **Please notify us immediately if you close or amend your banking arrangements.**

For those contractors/vendors who are paid compensation or an honorarium and reimbursed for expenses this authorization for direct deposit applies to the following:

- Honorarium/Compensation payment only
- Expense reimbursement only
- Both honorarium/compensation and expense reimbursement

Accounting Use Only

Vendor ID _____

Vendor ID _____

Company/Supplier Name	
Effective Date	
Bank Name	
Bank Address	
Bank Transit Number	
Bank Number	
Account Number	
Remittance Advice to be sent to:	
Contact Name	
E-Mail Address	
Fax Number	
Phone Number	
Authorized Signature	
Date	

Please attach a copy of a VOID cheque if the money is to be deposited into a chequing account.

The individually identifiable and financial information on this form is collected by the CPSA under the authority of the Health Professions Act. It is used only for the purpose of payment of company/supplier invoices and will not be disclosed to anyone other than the claimant or his/her legal representative. This financial form will be retained in compliance with federal government regulations and then securely disposed.