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| A picture containing text, drawing  Description automatically generated |
| DIRECT DEPOSIT FORMElectronic Funds Transfer (*EFT*) |
| To receive future payments by direct deposit, please attach a cheque marked “VOID”, and/or provide us with the following information. |
| Name on Bank Account |  |
| Do business as (if different from above) |  |
| Mailing Address: |  |
| Street Address (if different from mailing) |  |
| Bank or Financial Institution |  |
| Branch Address |  |
| Bank Institution No. (3 digits) |  |
| Bank Transit No. (5 digits) |  |
| Bank Account No. (up to 12 digits) |  |

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| Please indicate your email address for receiving EFT notifications: |
| Email Address: |  |
| Contact Name: |  | Position |  |
| Phone |  | Fax |  |

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| AUTHORIZATION |
| : |  |
| Signature of Authorized Personnel | Date |

**THIS FORM MUST BE SIGNED**

**Please forward your Direct Deposit Form and voided cheque one of the following ways:**

* **Email:** **assist@sccfoundation.com**
* **Mail to: Sunshine Coast Foundation, PO Box 1343, Sechelt, BC V0N 3A0**