

# Direct Deposit Authorization for Electronic Funds Transfer (EFT)

## Use this form to

Start direct deposit payments

**or**

Change information previously submitted.

Effective date:  /  /

## Contact information

Vendor number (if known):

Name of company or person to receive payment:

Street Address:

Contact person:  Phone:

Title or position:  Fax:

## Confirmation of Deposits

Your statement of account from your bank will show payments from The Province of Nova Scotia.  
If you give us your e-mail address, we will send you e-mail confirmation whenever we deposit a payment to your account.

E-mail address for confirmation of deposit:

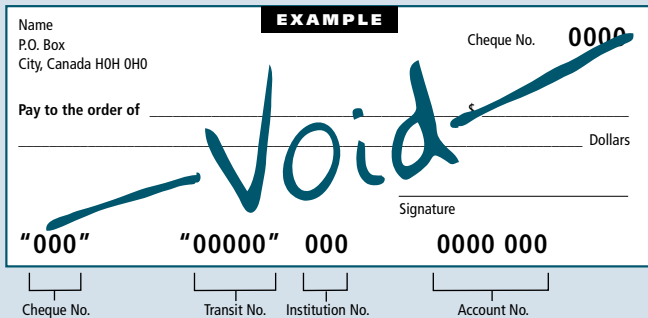
**OR**

I do not wish to receive confirmation.

## Bank Account Information for Deposits

**Please attach a blank cheque** with your bank information on it.  
**Write void** across the front.

Type of Account:  Chequing  Savings



**or**

**For accounts without cheques**, have your bank complete the following:

Type of Account:  Chequing  Savings

Name of bank or other financial institution:

Address of branch where account is held:

Transit No.:

Institution No.:

Account No.:

Teller Stamp:

## Authorize Electronic Funds Payments

**I authorize** the Department of Finance to deposit, by electronic fund transfer, payments owed to me by the Province of Nova Scotia and, if necessary, to debit entries and adjustments for amounts deposited electronically in error. The department will deposit the payments in the banking account designated above. I recognize that if I give incomplete or inaccurate information on this form, payments may be made to the wrong account.

Authorized signature:

Printed name:

Title:

Date: