







South Coast British Columbia Transportation Authority

DIRECT DEPOSIT APPLICATION FORM INSTRUCTIONS

Please complete only one of the three applications in this form:

- Direct Deposit Application: Electronic Funds Transfers (EFTs) to Canadian bank accounts.
- ACH Application: Electronic Funds Transfers in US \$ to US bank accounts.
- Wire Application: Wire Transfers to bank accounts outside Canada/US.

Send the completed and signed form, along with a void cheque or letter from your bank to the business contact you've been dealing with at TransLink, BCRTC, CMBC or WCE. The business contact will need to submit the form and support via FSM.

Should you have any questions regarding these forms, please contact TransLink's Treasury Department at the following e-mail:

Treasury@TransLink.ca

Frequently Asked Questions:

Part 1 Supplier/Vendor:

- Please ensure Legal Business Name is used.
- Mailing Address (ACH Applications only) Physical street address must be provided, no PO Boxes will be accepted, otherwise ACH payments will be rejected by the bank.

Part 3 Authorization:

- Please ensure only one of the three radio buttons is checked off (either initiate, cancel or change). If "Change" is checked off, please ensure to fill out old bank information (either Institution/Transit/ Routing/SWIFT code and Account Number) in the field provided.
- Please ensure the application form is signed by someone with proper authority to do so (usually someone above the AR/AP Clerk level).









IRANS LINK		DCT LC Rapid Transit Company	1							WEST COASTEX PRES
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SUPPLIER/VENII, the undersigned, whereby authorize particularly Deposited in the supplemental su	DOR'S SIGNATU certify that the above syments from the Sounto the bank accoun	RE information is true an uth Coast British Colur t provided above, until ns and Conditions for t	mbia Transportat I further notice. I the storage of co SIGNATOR	tion <i>i</i> By us onfide	Authority, dba	Tran Depo info	sLink, and / osit service, rmation out	or any o I give m	f Transl ny conse Canada.	Link's affiliates, to be ent that TransLink's
SIGNATURE: (Direct Line)							yyy-mm-dd			

SIGNATORY'S E-MAIL

PRINT NAME:

TITLE:









IRANS/ LINE		DCT LC Rapid Transit Company	· 1				WEST COASTEXPRESS	
Clear	Print	ACH Application South Coast British Columbia Transportation Authority						
Choose company or companies TransLink BCRTC CMBC Please check off the company issue invoices to.						or companies who you		
Part 1 - Supplier/Vendor REGISTERED NAME - This payee name MUST match name on bank account. LEGAL BUSINESS NAME								
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TELEPHONE NUMBER (please supply company general number and direct line if applicable) General: () -				E-MAIL ADDRESS (for notification of payment details)				
Direct: () -							
•	RESS: Must be Phys	sical Street Address, r	no PO Boxes.	CITY	st	ATE	ZIP CODE	
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Part 2 - Banking/Financial Institution Information Please provide void cheque or letter from bank BANK/FINANCIAL INSTITUTION NAME ABA/ROUTING NO. (9 digits) ACCOUNT NO. (max. 17 digits)).	
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Part 3 - Authorization INITIATE ACH Payments to the above account CHANGE - please provide previous banking information Payments ABA/ROUTING NO. (9 digits) ABA/ROUTING NO. (max. 17 digits)								
SUPPLIER/VEN	IDOR'S SIGNATU	RE						
hereby authorize p account provided a	ayments from the Sou above, until further no	ıth Coast British Colu	mbia Transporta ect Deposit servic sonal information	at I have the authority to rection Authority, dba TransLince, I give my consent that Tonouside of Canada. Y'S PHONE NUMBER	ık, to be Dire	ectly Deposite	d into the bank	
SIGNATURE:			(Direct Line)	. S GIL HOMBEN			E SIGNED ry-mm-dd	
PRINT NAME:			() SIGNATOR	TORY'S E-MAIL				
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Clear Print South Coast British Columbia Transportation Authority

Choose company or companies TransLink BCRTC CMBC	WCE	Please ch	eck off the compa	any or compan	ies who you			
Part 1 - Supplier/Vendor REGISTERED NAME - This payee name MUST match name on bank account. LEGAL BUSINESS NAME								
PRIMARY EFT CONTACT NAME								
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Direct: +()								
MAILING ADDRESS:								
CITY	STATE/PROVINCE		COUNTRY		POSTAL CODE			
Part 2 - Banking/Financial Institution Information Please provide void cheque or letter from bank BANK/FINANCIAL INSTITUTION NAME SWIFT (BIC) CODE								
BANK/FINANCIAL INSTITUTION ADDRESS								
CITY	STATE/PROVINCE		COUNTRY		POSTAL CODE			
BANK IDENTIFIER	ACCOUNT NO. (OR IBAN / CLABE)							
PAYMENT DETAILS (If applicable)								
PAYMENT INSTRUCTIONS (If any for rece	iving bank)							
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Clear

Print

Wire Application South Coast British Columbia Transportation Authority

Optional: Please complete the following if your bank requires the use of an Intermediary Bank							
INTERMEDIARY BANK/FINANCIAL INSTITUTION I	SWIFT (BIC) CODE						
RECIPIENT ACCOUNT NO. AT INTERMEDIARY BA	ANK						
previ	- please provide ous banking formation	FT (BIC) CODE AC	COUNT NO. (OR IBAN/CLABE)				
Payments							
SUPPLIER/VENDOR'S SIGNATURE I, the undersigned, certify that the above information is true and correct and that I have the authority to request the banking changes noted above. I hereby authorize payments from the South Coast British Columbia Transportation Authority, dba TransLink, and /or any of TransLink's affiliates, to be Directly Deposited into the bank account provided above, until further notice. By using the Direct Deposit service, I give my consent that TransLink's banking service provider may have Terms and Conditions for the storage of confidential/personal information outside of Canada.							
SIGNATURE: PRINT NAME:	SIGNATORY'S PHON (Direct Line) +() SIGNATORY'S E-MA		DATE SIGNED yyyy-mm-dd				

Version: August 2023

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