

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).

[Clear](#)[Print](#)

Direct Deposit Application

South Coast British Columbia Transportation Authority

Choose company or companies

☐

TransLink

☐

BCRTC

☐

CMBC

☐

WCE

Please check off the company or companies who you issue invoices to.

Part 1 - Supplier/Vendor

REGISTERED NAME - This payee name MUST match name on bank account.

LEGAL BUSINESS NAME

PRIMARY EFT CONTACT NAME

TELEPHONE NUMBER (please supply company general number and direct line if applicable)

General: () -

Direct: () -

E-MAIL ADDRESS

(for notification of payment details)

MAILING ADDRESS: UNIT # - STREET NO. STREET NAME

CITY

PROVINCE

POSTAL CODE

Select:

Part 2 - Banking/Financial Institution Information

Please provide void cheque or letter from bank

BANK/FINANCIAL INSTITUTION NAME

TRANSIT NO.
(5 digits)

INSTITUTION NO.
(3 digits)

ACCOUNT NO.
(max. 12 digits)

BANK/FINANCIAL INSTITUTION ADDRESS

CITY

PROVINCE

POSTAL CODE

Select:

Part 3 - Authorization

☐ INITIATE EFT Payments to the above account

☐ CANCEL EFT Payments

☐ CHANGE - please provide previous banking information

TRANSIT NO.
(5 digits)

INSTITUTION NO.
(3 digits)

ACCOUNT NO.
(max. 12 digits)

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:

TITLE:

SIGNATORY'S PHONE NUMBER
(Direct Line)

() -

SIGNATORY'S E-MAIL

DATE SIGNED
yyyy-mm-dd



ACH Application

South Coast British Columbia Transportation Authority

Clear

Print

Choose company or companies

☐

TransLink

☐

BCRTC

☐

CMBC

☐

WCE

Please check off the company or companies who you issue invoices to.

Part 1 - Supplier/Vendor

REGISTERED NAME - This payee name MUST match name on bank account.

LEGAL BUSINESS NAME

PRIMARY ACH CONTACT NAME

TELEPHONE NUMBER (please supply company general number and direct line if applicable)

General: () -

Direct: () -

E-MAIL ADDRESS

(for notification of payment details)

MAILING ADDRESS: **Must be Physical Street Address, no PO Boxes.**

CITY

STATE

ZIP CODE

Select:

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)

BANK/FINANCIAL INSTITUTION ADDRESS

CITY

STATE

ZIP CODE

Select:

Part 3 - Authorization

☐
INITIATE ACH Payments to
the above account

☐
CANCEL ACH
Payments

☐
CHANGE - please provide
previous banking
information

ABA/ROUTING NO.
(9 digits)

ACCOUNT NO.
(max. 17 digits)

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, 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:

TITLE:

SIGNATORY'S PHONE NUMBER
(Direct Line)

() -

SIGNATORY'S E-MAIL

DATE SIGNED
yyyy-mm-dd

[Clear](#)[Print](#)

Wire Application

South Coast British Columbia Transportation Authority

Choose company or companies

☐

TransLink

☐

BCRTC

☐

CMBC

☐

WCE

Please check off the company or companies who you issue invoices to.

Part 1 - Supplier/Vendor

REGISTERED NAME - This payee name MUST match name on bank account.

LEGAL BUSINESS NAME

PRIMARY EFT CONTACT NAME

TELEPHONE NUMBER (please supply company general number and direct line if applicable)

General: +()

Direct: +()

E-MAIL ADDRESS

(for notification of payment details)

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 receiving bank)

[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 NAME

SWIFT (BIC) CODE

RECIPIENT ACCOUNT NO. AT INTERMEDIARY BANK

Part 3 - Authorization

☐ INITIATE Wire Payments to
the above account

☐ CANCEL Wire
Payments

☐ CHANGE - please provide
previous banking
information

SWIFT (BIC) CODE

ACCOUNT NO. (OR IBAN/CLABE)

SUPPLIER/VENDOR'S SIGNATURE

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SIGNATURE:

PRINT NAME:

TITLE:

SIGNATORY'S PHONE NUMBER

(Direct Line)

+()

SIGNATORY'S E-MAIL

DATE SIGNED

yyyy-mm-dd