Please accept these instructions to automatically deposit payment into the bank account as outlined below.

**BUSINESS INFORMATION FOR DIRECT DEPOSIT**

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name  Click or tap here to enter text. | | | |
| Name of Primary Contact Person  Click or tap here to enter text. | | Telephone Number  Click or tap here to enter text. | |
| Contact Person Role/Job Title  Click or tap here to enter text. | Email Address to receive payment notification  Click or tap here to enter text. | | |
| Address  Click or tap here to enter text. | | | |
| City  Click or tap here to enter text. | | Province  Choose an item. | Postal Code  Click or tap here to enter text. |

**BANKING INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bank Address  Click or tap here to enter text. | | | | | |
| City  Click or tap here to enter text. | | | Province  Choose an item. | Postal Code  Click or tap here to enter text. | |
| Transit No  Click or tap here to enter text. | Institution No.  Click or tap here to enter text. | Account No.  Click or tap here to enter text. | | |

The CEU is authorized to make direct deposits to the account listed above.

Click or tap here to enter text. will notify the CEU in writing to [accounting@ceu.bc.ca](mailto:accounting@ceu.bc.ca) if (1) this account is being closed, (2) or if we wish to rescind this authorization, (3) or if we need to change the banking information. When doing so, notification of change will be provided at least one week before submitting billing to CEU or before the next recurring payment is due to be made.

**AUTHORIZED BY:**

|  |  |
| --- | --- |
| First and Last Name  Click or tap here to enter text. | Date  Click or tap to enter a date. |
| Provide either:  (1) Signature or  (2) Check-Box to the right indicating authorization is granted by way of email: | |

**Send competed form to** [**accounting@ceu.bc.ca**](mailto:accounting@ceu.bc.ca)