



Employee Request for Payments via Electronic Funds Transfer (EFT)

Section 1: Employee Information	
Employee Name:	_____
Employee Number:	_____ Contact Phone: (____) _____ <small>Area code Number</small>
E-mail Address:	_____ <small>(Required for Remittance Advice)</small>

Section 2: Employee Financial Institution Information		
Financial Institution Name:	_____	
Financial Institution Address:	_____ _____ _____	
_____ <small>Financial Institution Number (3 characters)</small>	_____ <small>Transit Number/ABA Routing Number (5 characters)</small>	_____ <small>Account Number</small>

Section 3: Authorization	
Employee Signature:	_____
Date:	____ Month ____ Day ____ Year

FOR ADDED SECURITY
PLEASE ATTACH A
'VOID' CHEQUE HERE

Please send the completed form to:
British Columbia Ferry Services Inc.
Attention: Accounts Payable
Suite 500, 1321 Blanshard Street
Victoria, BC V8W 0B7

OR Send via facsimile to: (250) 384-8506
Questions?
E-mail accounts.payable@bcferries.com or
Phone (250) 978-1252