

Direct Deposit Authorization for Electronic Funds Transfer (EFT)

Use this form to

- ☐ Start direct deposit payments
- ☐ Change information previously submitted. **Effective date:** YYYY / MM / DD

Contact information

Name of company or person to receive payment:

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.

or

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

Name of bank or other financial institution:

Address of branch where account is held:

Transit No.: Institution No.:

Account No.:

Teller Stamp:

EXAMPLE

Name
P.O. Box
City, Canada H0H 0H0

Cheque No. 0000

Pay to the order of Dollars

Void

Signature

"000" "00000" 000 0000 000

Cheque No. Transit No. Institution No. Account No.

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.

Note: If I submit my email address to receive EFT payment information, I will receive EFT payment information by email for all payments from the Department of Communities, Culture, Tourism & Heritage. Banking information provided may be shared with other provincial departments for the purpose of facilitating payments issued by those departments.

Authorized Signature: Printed Name:

Title: Date:

Return completed form and voided cheque (if applicable) to your Program Officer