



Direct Deposit (EFT) Authorization Form

Dear HSA Member,

Health Sciences Association of BC (HSABC) will process electronically, funds direct to your bank account. This conversion to EFT from cheque provides enhanced security, eliminates cheque fraud, reduces costs and improves timing of payments. You will need to complete the form outlined below:

Transaction Type (Select One)			Request Date
<input type="checkbox"/> New Set Up	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Change of Information	_____ (mm/dd/yy)

This Agreement made by and between _____ (Member Name/The Payee)
And Health Sciences Association of British Columbia (The Payor)

Member Address: _____
Street Address City

Postal Code Phone Number

Member/Payee Banking Information:

Bank Branch Number: _____ **Bank Institution Number:** _____

Bank Account Number: _____

Also required, One (1) of the following documents:

- a direct deposit form that can be printed from online banking or
- an original void cheque for reference or
- a direct deposit advice/form from the bank/credit union that states the above information

HSABC will email you a remittance advice prior to each direct deposit as a form of payment notification. Please provide your email address below.

Email Notification Address: _____

Authorization

I hereby authorize Health Sciences Association of BC (HSABC) to direct pay electronically, to the bank specified above. This authorization agreement is effective as of the date of this agreement and is to remain in full force until HSABC has received notification of its termination. I agree to submit an updated Direct Deposit (EFT) Authorization Form to HSABC for the cancellation or make any changes to the information provided within this agreement.

Member Signature: _____ **Date (mm/dd/yy):** _____

Health Sciences Association of British Columbia
Professional Fee Fund
180 East Columbia Street,
New Westminster, BC V3L 0G7

Email: 2023ProFeeFund@hsabc.org

Note: To ensure delivery to your inbox, please add
2023ProFeeFund@hsabc.org to your address book or safe list.

Pro Fee Fund only:

Member ID: _____

Effective Date: _____

Input By: _____

Reviewed By: _____