

Date:



Direct Deposit Authorization for En	ectionic runus manister (eri)
Use this form to Start direct deposit payments	Change information previously submitted. YYYY / MM / DD
Contact information Vendor number (if known): Name of company or person to receive payment:	
Street Address:	
Contact person:	Phone:
Title or position:	Fax:
Confirmation of Deposits Your statement of account from your bank will show payments from The Pr If you give us your e-mail address, we will send you e-mail confirmation where E-mail address for confirmation of deposit: OR I do not wish to receive confirmation.	
Please attach a blank check with your bank information on it. Write void across the front. Type of Account: Checking Savings Name P.O. Box City, United States 89109 Pay to the order of	For accounts without checks, have your bank complete the following: Type of Account: Checking Savings Name of bank or other financial institution: Address of branch where account is held:
"000" 00000000 0000 000	ABA Routing No.: Account No.: Teller Stamp:
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.	
Authorized signature: Printed name:	Fax or mail completed form and voided check to Attention: Vendor Master Fax number: (902) 424-8601 Mailing address: Department of Finance, 5th Floor, Government Accounting PO Box 187, Halifax, Nova Scotia, Canada B3J 2N3
Title	

Questions?Call (902) 424-5998 or e-mail remittance@gov.ns.ca