

Legal Services Society Providing legal aid in British Columbia since 1979 Suite 400 510 Burrard Street Vancouver, BC V6C 3A8 Tel: (604) 601-6111 Fax: (604) 682-7967 www.legalaid.bc.ca

Lawyer Vendor Application Form-A

To obtain a vendor (billing) number you must be listed as practising with the Law Society of BC. Please complete this form and attach a VOID cheque, sign it and email it to finance.support@lss.bc.ca or fax it to 604-682-7967. Once you have been set up, you will be notified by email.

		Issued by LSS
Have you been issued a ven	New Vendor Number:	
No – Complete this form	LSS Online:	
Yes – Access your LSS Online acco		
Yes, but I have been deactivated –	click this link: Vendor Number React	ivation Form-B
Name	Law So	ciety no
First called to bar	Provinc	e
Please provide the following if applicable		:
GST/HST no.		
WorkSafeBC no.		
Your primary address is where we will send a Firm and/or c/o name Street address		
City	Province	Postal code
Phone no.	Fax no	Cell no
Message no.	Toll-free no	
General e-mail		(Mandatory)
Direct Deposit email(Mandatory as a di	rect deposit notification is forwarded by email o	only)
Contract Address (if different Your contract address is where contracts are	•	es may be the same.
Firm and/or c/o name		
Street address		
City	Province	Postal code
Phone no.	Fax no	Cell no
Message no	Toll-free no	



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Direct Deposit

Financial Institution Information

Please attach a copy o which you would like th		plete this applicati	on. The informati	ion on the cheque must be for the account to
If a VOID cheque is no	ot available, have your b	oank complete the	information be	elow. Please ensure figures are legible.
Name of financial instit	ution:			
Address:				
City:		Province:		Postal code:
Branch number (5 digits)		Teller Stamp		
Financial institution nur	mber (4 digits)			
Account number (up to 1	2 digits)			
I understand that the in to authorize direct depo in accordance with the I hereby authorize LSS	osit payments to the design privacy and confidentiality to deposit payments into urther liability with respect	collected and use gnated account ind y policy of the Lega the designated ac	ed to obtain a ve licated on the att al Services Socie count, until furthe	ndor billing number, LSS Online access, and ached VOID cheque or the above noted accoun
Name (please print)			Signature	
(Name of la		er)	_	(Signature of lawyer)
	Barrister & So	olicitor	Date	
				(yyyy/mm/dd)
				der "Lawyers." For assistance with tariffs and 1-6206, or email lawyer.support@lss.bc.ca .
An email notification frouser name has been is		c.ca will be sent wh	nen your private t	par vendor number and LSS Online access
Direct all banking paym	nent inquiries to: finance.	support@lss.bc.ca		
Please whitelist the abo	ove two email addresses t	to prevent our resp	onses from going	g into your spam folder.
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In order to reduce the carbon footprint the original completed forms are not required by our office. Thank you.