

Lawyer Direct Deposit Changes - Form C

For changes to your direct deposit details, please complete all fields on this form (unless otherwise noted), attach a VOID cheque (if applicable) and email to lawyer.support@legalaidsbc.ca.

Personal Information			
Last name:		First and middle name:	
Existing LABC vendor No:			
GST and WorkSafeBC (if applicable)			
GST exempt?	Yes	No	<i>If you do not provide a GST No., you will be exempt from being paid GST.</i>
GST No:		WorkSafeBC No. Please use n/a if you do not have one. Do not leave field blank:	
Exact name registered with CRA for GST No:			
Primary Address			
Your primary address is where we will send all correspondence including updates, notices, and payments.			
Firm and/or c/o name:			
Street address:			
City:	Province:	Postal code:	
Phone No:	Cell No:	Fax No:	
Message No:	Toll-free No:		
Email (LABC will use this email for payment notifications):			
Contact Address (if different than address above)			
Your contact address is where LABC will send your contracts. Your primary and contract addresses may be the same.			
Firm and/or c/o name:			
Street Address:			
City:	Province:	Postal code:	
Phone no:	Cell no:	Fax no:	
Message no:	Toll-free no:		
Email:			
Direct Deposit			
Banking Information (Canadian financial institutions only)			
Direct deposit is the only method of payment. You must complete the entire section below. Please ensure figures are legible. You must also attach a "VOID" cheque or provide a stamp from your financial institution. If attaching a void cheque, the information on the void cheque must be for the account to which you would like the payments deposited.			
Name of financial institution:			

Lawyer Direct Deposit - Form C (cont'd)

Address:		
City:	Province:	Postal code:
Branch No (5 digits):		Financial institution stamp (if no void cheque):
Financial institution No (up to 4 digits):		
Account No (up to 12 digits):		

Direct Deposit (EFT) Authorization and Declaration

I hereby authorize LABC to deposit payments into the designated account until further written notice by the undersigned. I agree that LABC will have no further liability with respect to any payments made in accordance with this authorization and may at any time discontinue payment by direct deposit.

Lawyer's Name (please print): _____
Barrister & Solicitor

Lawyer's Signature:

Date (month/day/year):

Freedom of Information and Protection of Privacy Act (FOIPPA)

The personal information requested on this form is collected under the authority of the Finance Administration Act in compliance with the FOIPPA and will be used to process your Direct Deposit Changes Form. The financial information contained above is protected under the provisions of the FOIPPA and will be used only for direct deposit by means of electronic funds transfer. For information about the collection use and disclosure practices write to the Manager, Audit and Investigations, Corporate Services, 400 – 510 Burrard, Vancouver BC, V6C 3A8.

If you have any questions, contact Lawyer Services at 604-601-6155 or 1-888-401-6206 or lawyer.support@legalaids.bc.ca.