



## Direct Deposit Agreement Form

I hereby authorize **City of Pitt Meadows** to make payments for goods and/or services by electronic funds transfer (EFT) to the specified financial institution and account listed below.

Further, I agree not to hold **City of Pitt Meadows** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **City of Pitt Meadows** receives a written notice of cancellation or until a new EFT/direct form is submitted to the City of Pitt Meadows Accounts Payable Department. Please allow up to 3 weeks for processing of any EFT Changes.

Account Information	
Name (Company):	_____
Address:	_____
Address:	_____
City:	Province: _____
Postal Code:	_____
Telephone Number With Area Code:	Email: _____

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Name of Financial Institution:	_____
Transit Number: (5 Digits)	_____
Bank/Institution Code: (3 Digits)	_____
Account Number: (7 to 20 Digits)	_____
Email address for Remit Advice:	_____
	Chequing <input type="checkbox"/> Savings <input type="checkbox"/>

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Signature	
Authorized Signature (Primary):	Date: _____
Position:	_____
Print Name:	_____
Authorized Signature (Joint):	Date: _____
Position:	_____
Print Name:	_____

Please attach a void cheque or deposit form and return this form to the address below Attention Accounts Payable, or fax to 604-465-2404, or email to [accountspayable@pittmeadows.ca](mailto:accountspayable@pittmeadows.ca)

12007 Harris Road, Pitt Meadows, British Columbia, V3Y 2B5  
Phone: 604-465-5454 Fax: 604-465-2404  
[www.pittmeadows.ca](http://www.pittmeadows.ca)

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