



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize the **North Shore Division of Family Practice** to initiate automatic deposits to my account at the financial institution named below. I also agree to promptly reimburse the Division for any overpayments.

Further, I agree not to hold the **North Shore Division of Family Practice** 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 the **North Shore Division of Family Practice** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Division.

Account Information

Name of Financial Institution: _____

Transit Number: _____

Account Number: _____

Chequing

Savings

Signature

Authorized Signature (Primary): _____

Date: _____

Authorized Signature (Joint): _____

Date: _____

Please attach a photocopy of a cheque and return this form to Joanne Wall, Accountant, K.J. Wall and Associates Ltd., #203 - 145 East 15th Street, North Vancouver, BC V7L 2P7
Telephone: 604-987-9515 Fax: 604-648-8790 Email: info@kjwall-cga.com