NOVA SCOTIA
Finance

Canadian Banking

Direct Deposit Authorization for Electronic Funds Transfer (EFT)

Use this form to

- ◯ Start direct deposit payments
- ◯ Change information previously submitted. **Effective date:** YYYY / MM / DD

Contact information

Name of company or person to receive payment: _____

Contact person: _____ Phone: _____

Title or position: _____ Fax: _____

Confirmation of Deposits

Your statement of account from your bank will show payments from The Province of Nova Scotia.
If you give us your e-mail address, we will send you e-mail confirmation whenever we deposit a payment to your account.

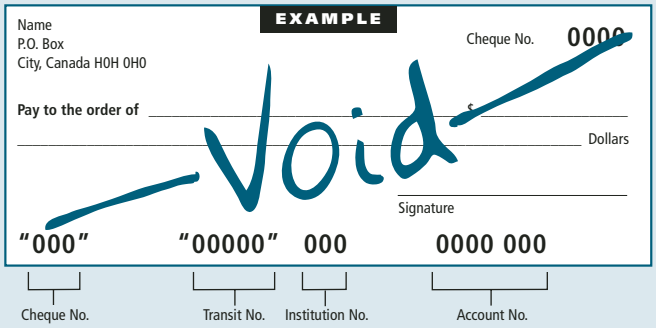
E-mail address for confirmation of deposit: _____

OR

◯ I do not wish to receive confirmation.

Bank Account Information for Deposits

Please attach a blank cheque with your bank information on it.
Write void across the front.



or

For accounts without cheques, have your bank complete the following:

Name of bank or other financial institution: _____

Address of branch where account is held: _____

Transit No.: _____ Institution 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: _____

Title: _____ Date: _____

Fax or mail completed form and voided cheque to

Attention: Vendor Master **Fax number:** (902) 424-8601

Mailing address: Department of Finance, 5th Floor, Government Accounting, PO Box 187, Halifax, NS B3J 2N3

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