

# **Financial Shared Services**

# VENDOR DIRECT DEPOSIT AUTHORIZATION FORM

VENDORS – PLEASE EMAIL COMPLETED FORM TO <a href="mailto:financial\_sharedservices@gov.nt.ca">financial\_sharedservices@gov.nt.ca</a>

DEPARTMENTS – PLEASE UPLOAD COMPLETED FORM TO FSS DIIMS PORTAL

1.0 IDENTIFYING INFORMATION:		
Business	Businesses please fill out your operating	name only. <u>Do not</u> fill out Last Name, First Name & SIN#
Business Operating N	ame:	
Individuals	Individuals please fill out your Last Nam	e, First Name & SIN# only
Last Name & First Nar	ne:	Social Insurance Number (SIN#):
2.0 CONTACT INFORMATION (for notification and verification purposes):		
First Name:		Last Name:
Address:		
_		
_		
City:		Postal Code/Zip Code:
Country:		Province/Territory/State:
Email Address:		Phone Number:
3.0 METHOD OF PAYMENT NOTIFICATION (Select only <u>one</u> option):		
Mail – to address in section 2.0		Email – to email address in section 2.0
4.0 SUPPORTING DOCUMENTATION (Please ensure that at least <u>one</u> supporting document is provided):		
<ul> <li>Personalized blank cheque marked "VOID"</li> <li>Photocopy of top portion of a bank statement or passbook</li> <li>Banking Information Section below, completed by a Financial Institution along with a bank stamp</li> <li>Signed Direct Deposit/Preauthorized Payment form downloaded from online banking</li> </ul>		
5.0 BANKING INFORMATION SECTION (If selected in 4.0 Supporting Documentation above):		
Institution Number:	Branch Number:	Account Number:
Name (s) of Account Holde		Financial Institution Stamp Here:
6.0 AUTHORIZATION:		
I, as the person entitled to receive the payment(s), authorize the Government of the Northwest Territories to deposit into my account the payment(s) entitled to me, until further notice. This information will also be used to record and issue any other financial transactions or documents through the Financial Information System such as billing and payment statements, past due notices and taxable benefit reports. I understand and agree to the Terms and Conditions listed on the back of this page.		
Signature		Date Form last updated: April 28, 2016



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## **PRIVACY STATEMENT:**

The Government of the Northwest Territories (GNWT) is committed to respecting the personal privacy of individuals. All of the personal information you provide is protected by the *Access to Information and Protection of Privacy Act*. This means that, at the point of collection, you will be informed that your personal information is being collected, the purpose for which it is being collected, and you will be provided with contact information should you have questions about the information collected. This also means that your personal information will be protected from unauthorized access, collection, uses, disclosure or disposal.

The use of any personal information by the GNWT or public agency will be limited to the uses identified at the time it was collected; however, any record that is in the control of the GNWT or public agency <u>may</u> be subjected to disclosure, pursuant to the Access to Information and Protection of Privacy Act. Any disclosure not related to the purpose for which the information was collected, will be handled in accordance with the requirements of the Access to Information and Protection of your personal privacy in the face of any required disclosure.

### **TERMS AND CONDITIONS:**

- This authorization is not an assignment of any right to receive payment and revokes all prior payment direction notifications applicable to the payments.
- This authorization may be cancelled or changed at any time with the submission of another authorization form.
- The information contained in this application form will be compiled and included in the GNWT's *Financial Information System* database. The information in the database will only be accessed by employees of the GNWT, or agencies of the GNWT, who require the information to provide payments or correspondence. No personal information, other than the information now provided, will be included in the *Financial Information System* database.
- The information collected by the GNWT and included in the *Financial Information System* database can be accessed and verified, and if necessary corrected, by the person the information concerns. Arrangements for review can be made by contacting *Government Accounting* at the following address;

Vendor/Customer Administration Department of Finance Government of the Northwest Territories PH: (867) 873-7148 FAX: (867) 873-0110 Email: financial\_sharedservices@gov.nt.ca

### **ADDITIONAL INFORMATION:**

- Complete this form if you would like to make any changes to your personal information and/or if you wish to apply for direct deposit service.
- Incomplete forms will be returned with a notice requesting that the missing information be provided before any
  payment can be processed.
- If we cannot deposit your payment(s) to your account, we will mail a cheque to the address we have on file.
- Mail or drop off your completed form (original only) to the following address:

Vendor/Customer Administration Department of Finance – Financial Shared Services Government of the Northwest Territories 3<sup>rd</sup> Floor YK Centre P.O. Box 1320 Yellowknife, NT X1A 2L9

Form last updated: April 28, 2016