



Canadian Cancer Society
Société canadienne du cancer

Canadian Cancer Society
565 West 10th Avenue
Vancouver, BC V5Z 4J4

Subject: Payment of Travel Treatment Fund Expense claims via Electronic Funds Transfer

Dear TTF Client,

Canadian Cancer Society BC Yukon is changing its method of payment. As part of continuing effort to reduce cost, and improve efficiency, CCSBCY is trying to eliminate payments by cheque and moving to electronic funds transfers (EFT).

To avoid any delay in payment, please complete the enclosed direct deposit application form and return it either by email to accountingsupport@bc.cancer.ca or forward the form to the address at the top of the form.

Thank you for your immediate attention to this request. If you have any questions please do not hesitate to contact me at the accounting support email address.

Yours truly,

Christopher Sutherland
Accounts Payable Assistant
Finance Department



**Canadian
Cancer
Society**

BRITISH COLUMBIA AND YUKON

Direct Deposit Application and Authorization / Change Form

New Application

Change of Financial Institution

Send Completed form to: *Canadian Cancer Society, BC & Yukon Division – Accts Payable
565 West 10th Avenue, Vancouver, BC V5Z 4J4
Phone # 604-675-7309
Fax # 604-879-4533
Email:accountingsupport@bc.cancer.ca*

IDENTIFICATION

Name / Corporate Name of Applicant _____

Address _____

City _____

Province _____

Postal Code _____

Telephone _____

Fax _____

Barb Henry _____

Coordinator, Support Programs _____

Contact Name

Title/Position

B

ANKING INFORMATION

ATTACH VOID CHEQUE HERE
**MUST BE PRE-PRINTED

** If applicant's name and address are not pre-printed on cheque, please have bank complete the following

Name of Institution _____

Address _____

Institution Code _____

Branch _____

Account Number _____

Financial Institution Stamp

REMITTANCE INFORMATION

How would you prefer to receive the payment details? (Please check one and provide email address if applicable)

No remittance advice necessary

E-mail address _____

AUTHORIZATION

By signing below, the undersigned:

- Authorizes Canadian Cancer Society BCY to deposit any(non payroll) payments due by CCSBCY directly into the above mentioned account
- Agrees to promptly notify CCSBCY within seven (7) days of any changes to the banking information herein provided by filling in a new Direct Deposit Application form to modify the present request.

Applicant's Signature _____ Date: _____