



**Authorization for Direct Bank Deposit  
Claims Vendors**

VENDOR NAME		VENDOR NUMBER
VENDOR DBA (doing business as)		
VENDOR ADDRESS (street/city/province/postal code)		
VENDOR EMAIL ADDRESS (for bank deposit notification)	CONTACT NAME	PHONE NUMBER

The above Vendor hereby directs the Insurance Corporation of British Columbia (ICBC) to make any and all payments due and owing to the Vendor by way of electronic transfer of funds to the following account:

**Financial Institution Information:**

BANK NAME		
BANK ADDRESS (street/city/province/postal code)		
NAME ON ACCOUNT		
BANK TRANSIT NUMBER	BANK NUMBER	BANK ACCOUNT NUMBER

**ADDITIONAL TELEPHONE VERIFICATION**

ICBC will be contacting you to verify the EFT information **before processing**. Please note that this EFT change request **will not be** processed until ICBC has verified all the information with the authorized person over the telephone.

**REQUIRED**

Include a **“VOID”** cheque or bank document for the account where the funds will be deposited and return it along with this completed authorization form using one of the following methods:

Email: [VendorEFT@icbc.com](mailto:VendorEFT@icbc.com)  
Fax: 604-443-7320

Mail: **ICBC – Corporate Disbursements**  
**Room 124 -151 West Esplanade**  
**North Vancouver, BC V7M 3H9**

The Vendor understands that should a payment be returned to ICBC then ICBC will make payment by the way of a cheque to the Vendor until the Vendor directs ICBC in writing to make payment into a valid and existing account.

The Vendor shall notify ICBC at least 5 business days prior to the next Vendor payment date if at any time,

- a) there is a change in the Vendor name;
- b) there is a change in the bank deposit notification e-mail address;
- c) there is a change in the Financial Institution or Name of Account provided above;
- d) there is a change in the authorized signatory for the Vendor

The vendor agrees not to make any claim or take any proceeding against ICBC or any person or corporation for any and all monies paid by ICBC by means of electronic transfer into the above Account at the above Financial Institution.

NAME AND TITLE OF AUTHORIZED SIGNATORY (please print)

SIGNATURE

DATE (ddmmmyyyy)

**Definitions:**

For the purpose of this direction to pay, the following terms will have the following meanings:

**Vendor Name (legal name of business):** The full legal name of the company used when application was made for ICBC vendor number.

**Vendor Number:** The vendor number issued by ICBC.

**Vendor DBA:** The business name, if any, by which the company is known.

**Vendor E-mail Address:** The e-mail address where bank deposit details will be electronically sent.

**Bank Name:** The name of bank, credit union, or trust company where the Vendor would like the funds to be directed.

**Bank Address:** Location of the bank where the funds will be deposited.

**Name on Account:** The name on the account where the funds will be deposited.

**Account Number:** Note the bank transit number, bank number and bank account number, in correct order. Please refer to your cheque or bank documentation for reference

**Name and Title of Authorized Signatory:** The name of the person who has signing authority on the above noted bank account.