



Lawyer Direct Deposit Form

For registered e-billers to have payments deposited to their account, please complete and return this form to: Legal Services Society
Attn: Finance Helpdesk
400 – 510 Burrard Street
Vancouver, BC V6C 3A8
Fax: (604) 682-7967

For LSS use only

Vendor number: _____

Vendor Information

Referral lawyer: _____
(If an individual, please specify last and first name)

Firm name: _____

Address: _____
Street, Suite #

Tel/Fax: _____
City () Province () Postal code

E-mail _____
A direct deposit notification will be forwarded by e-mail only.

Action Requested (Please check one of the following)

Initial set up <input type="checkbox"/>	Change <input type="checkbox"/>	Termination <input type="checkbox"/>	Effective date of change or termination (for existing direct deposits only) <i>(yyyy/mm/dd)</i>
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*Check **one** box only*

Financial Institution Information

Please attach your sample cheque marked "VOID" in the space below. The information on the cheque must be for the account to which you would like the payments deposited.

Attach cheque marked "VOID" here, or have your bank complete the following section:

Name of financial institution: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Branch number <i>(5 digits)</i>	Financial institution number <i>(3 digits)</i>	Account number <i>(up to 12 digits)</i>
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Teller stamp: _____

Direct Deposit Authorization

I understand that the information on this form is collected and used to deposit payments to the above designated account in accordance with the privacy and confidentiality policy of the Legal Services Society (LSS).

I hereby authorize LSS to deposit, until further notice by the undersigned in writing, payments into the designated account. I agree that LSS will have no further liability with respect to any payments made in accordance with this authorization and may at any time discontinue payment by direct deposit.

Name (please print) _____
(Name of referral lawyer)

Signature _____
(Signature of referral lawyer)

Title _____

Date _____
(yyyy/mm/dd)