



# Lawyer Direct Deposit Form-D

**Registered e-billers:** For initial set-up or changes to direct deposit details, please complete this form and fax or email to 604-682-7967 or [helpdesk.finance@lss.bc.ca](mailto:helpdesk.finance@lss.bc.ca)

For LSS use only  
Vendor number: \_\_\_\_\_

### Vendor Information

Referral Lawyer \_\_\_\_\_  
*(If an individual, please specify First and Last name)*

Firm Name \_\_\_\_\_

Address \_\_\_\_\_  
*Street, Suite #*

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_  
*Mandatory as a direct deposit notification is forwarded by email only (can be different from Lawyer Vendor Application Form).*

### Action Requested (Please check one of the following)

Initial set-up    Change    Termination    Effective date of change or termination (for existing direct deposits only)  
            \_\_\_\_\_  
*Check one box only*    *(yyyy/mm/dd)*

### Financial Institution Information

Please attach a "VOID" cheque in the space provided below. The information on the cheque must be for the account to which you would like the payments deposited. Do not mail the original completed form if a faxed or email copy has been provided.

**Attach cheque marked "VOID" here. (If a void cheque is not available, have your bank complete the following section.)**

Name of financial institution:		
Address:		
City:	Province:	Postal code:
Branch number <i>(5 digits)</i>	Teller Stamp	
Financial institution number <i>(3 digits)</i>		
Account number <i>(up to 12 digits)</i>		

### Direct Deposit (EFT) 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 payments into the designated account until further written notice by the undersigned. 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) \_\_\_\_\_ Signature \_\_\_\_\_  
*(Name of referral lawyer)*    *(Signature of referral lawyer)*

Title \_\_\_\_\_ Date \_\_\_\_\_  
*(yyyy/mm/dd)*