



Direct Deposit Authorization

To receive funds via direct deposit, please provide the following information:

Recipient Information:

Organization (if any) : _____

Street Address: _____

City/Postal Code: _____

Name on Account: _____

Preferred Name: _____

Please note: In order to deposit into a personal bank account, we require the legal name attached to the account. If your legal name is different than your preferred name, please indicate your preferred name in the box below. BCMA will ensure that your preferred name is used in all communications and records, and will not share your legal name.

Email: _____

Phone: _____

Financial Information:

Name of Financial Institution: _____

Financial Institution Number:
(3 digits) _____

Branch/Transit Number:
(5 digits) _____

Account Number:
(7 to 12 digits) _____

Account Type: Checking Savings Other

Please return this form to our Operations Manager at operations@museum.bc.ca. If you have any questions, please contact our office at 250-356-5700 to leave a voicemail. Thank you.