



## Electronic Funds Transfer Service (EFT)

The BC Teachers' Federation can transfer funds owing to you or your organization directly into your Canadian Dollar Bank Account at any financial institution in Canada. To take advantage of this service, simply complete the appropriate section(s) below, attach VOID cheques, if applicable, and return to:

**BCTF Accounting Department** 100 – 550 West 6<sup>th</sup> Avenue, Vancouver, BC V5Z 4P2 or [Eft-info@bctf.ca](mailto:Eft-info@bctf.ca)

Choose one:

- New Request – *complete section A*
- Change – *complete section A*
- Cancel – *complete section B*

Choose one:

- Trade Vendor
- BCTF Member #
- BCTF Staff #

Choose one:

- BCTF
- BCTF Salary Indemnity
- BCTF Assistance Society

### Account Holder Information

Account Holder (Receiving Funds) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Day Time Phone No: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax No: \_\_\_\_\_

### SECTION A – EFT Bank Account Setup (Canadian Dollar Accounts Only)

- Register my Chequing account – Please attach VOID cheque, **OR**
- Register my Savings Account – To ensure accuracy, please ask your bank to provide the following information

\_\_\_\_\_  
 Institution No.                      Branch Transit No.                      Savings Account No.

\_\_\_\_\_  
 Name(s) on Account                      Name and Address of Financial Institution

\_\_\_\_\_  
 Bank Officer's Name (print)                      Position / Title                      Bank Officer's Signature

### SECTION B – Delete the following bank accounts from the EFT Service:

\_\_\_\_\_  
 Institution No.                      Branch Transit No.                      Account No.

I/We permit the BCTF to contact the Bank/Branch given above and confirm the accuracy of the information given on this form.

#### Authorized Signing Authority:

Signature: \_\_\_\_\_  
 Name – Print \_\_\_\_\_  
 Date: \_\_\_\_\_

Your financial institution may charge fees or services for the electronic delivery of funds into your account. The BCTF is not responsible for the payment of these fees and is not responsible for including these fees as a part of the remittance to you. The Beneficiary Name must match the receiving account holders name as it appears at the receiving financial institution. Failure to do so may delay the delivery of funds to the recipient.

## Privacy Statement

### Collection, use, and disclosure of your personal information, and your privacy consent

The British Columbia Teachers' Federation ("BCTF") is committed to both protecting the privacy and confidentiality of members' personal information and complying with British Columbia's *Personal Information Protection Act*. We are collecting your personal information on this form because it is needed for BCTF and Local membership records. It will enable us to identify you, send publications to you, and communicate with you, as needed, to fulfill the BCTF's obligations to you as your bargaining agent and your professional organization. We will also use this information to confirm your eligibility for services, to comply with various professional legal and regulatory requirements, to provide services to you, and for research purposes.

We employ security measures to ensure that only authorized individuals have access to your personal information, on a need-to-know basis; this includes individuals at the Federation and at your Local. However, we will not otherwise disclose your personal information, without your permission, except as required or authorized by law. By completing this form, you are providing your consent for the BCTF to collect, use, and disclose your personal information in the manner identified above.

For privacy-related questions, please contact the BCTF's Privacy Officer:

Privacy Officer  
British Columbia Teachers' Federation  
100 – 550 West 6th Avenue  
Vancouver, BC V5Z 4P2

Phone: 604-871-2283  
1-800-663-9163 (toll free)

E-mail: [privacy@bctf.ca](mailto:privacy@bctf.ca)