Rocky View Schools Accounts Payable branch will only deposit funds into one bank account. This account must be in the name of the person or company as currently shown in RVS’ financial system.

To sign up for EFT payments complete the form below, including a void cheque, and submit the form to [acctspay@rockyview.ab.ca](mailto:acctspay@rockyview.ab.ca). Incomplete forms will not be processed. Please note that it takes at least 2 weeks to complete updates to banking information.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***First Time Setup OR*** | | | ***Change of Banking Information*** | | |
| 1. **Company / Personal Information:** | | | | | |
| Legal Name of Business or Individual: | | | | | |
| Name of Authorized Individual(s): | | | | | |
| Mailing Address: | | | | | |
| City/Town/Village: | Postal Code: | | Province: | | Phone Number: |
| E-mail Address for EFT: | | | SIN # (Award & Honorarium Payments only): | | |
| 1. **Banking Information** | | | | | |
| Bank #: | | Transit #: | | Account #: | |
| **\*Don’t forget to attach a VOID cheque** | | | | | |
| 1. **Authorization** | | | | | |
| The information collected on this form will be used and disclosed only for the purpose of conducting business and processing payments for goods and services received by RVS.    If I am an employee, I acknowledge that this does not affect any payroll information. This only covers reimbursements made through Accounts Payable (A/P).  I hereby authorize The Rocky View School Division to make all payments through A/P using EFT funds to the above account. Payment shall continue until I advise RVS of any required change(s).  **Date:** Click or tap to enter a date.  **Name (printed)**  **\_\_\_\_\_**  **Signature Title** | | | | | |

The information on this form is being collected pursuant to the Education Act and the Freedom of Information and Protection of Privacy Act. Questions concerning its collection or use can be directed to Rocky View Schools FOIP Coordinator, the Associate Superintendent of Business and Operations, by calling 403.945.4000 or by e-mail ([busops@rockyview.ab.ca](mailto:busops@rockyview.ab.ca)).

This information will be retained in accordance with Rocky View Schools procedures for 10 years when either superseded or deemed obsolete.

Reference:

* AP5106 - Financial Accountability and Audits
* AP182 – Protection of Privacy