Vancouver Division of Family Practice
A GPSC Initiative

INDEPENDENT CONTRACTOR PROFILE/ ELECTRONIC FUNDS TRANSFER FORM

This form must be completed by individuals submitting sessional/honorarium and other invoices for payment. Sessions, honoraria or other amounts for services will not be paid unless this profile form is received.

* Please ensure that all of the given personal and banking information is **current** and **up to date** *

Please check one:	☐ Physician ☐ MOA ☐ Contractor ☐ Other _____
Name of Service Provider: Self-Employed Individual or Company	
Name on Bank Account: (company name/legal name)	
Mailing Address: (Include postal code)	☐ Home ☐ Office
Email address:	
Telephone Number(s):	
MSP#	
Social Insurance Number (SIN) OR Business Number	

I certify that the above information is true.

Signature: _____ **Date:** _____

To receive payments via electronic funds transfer (direct deposit) ensure to **EITHER attach a copy of a void cheque OR fill in the following information (PRINT CLEARLY)**

Bank	Transit	Account Number
_ _ _	_ _ _ _ _	_ _ _ _ _ _ _

This Agreement made

Between: _____(The Payee)

And: The Vancouver Division of Family Practice (The Payor)

Whereas the undersigned (the Payee) hereby authorizes The Payor to set up electronic funds transfer for all payment on account to the bank account as designated by The Payee in accordance with the banking information as per attached void cheque. **The Payee will notify The Payor in writing of any changes in account information or termination of this authorization.** The Payor will issue a payment advice, via e-mail, for each deposit to the Payee as a form of payment notification.

_____ _____

Authorized Signature (Payee) **Date**

Return to the Vancouver Division of Family Practice at accounting@vancouverdivision.com

INSTRUCTIONS FOR COMPLETING THE 'INDEPENDENT CONTRACTOR PROFILE FORM"

1. **Name of Service Provider**
   Legal name that is to be used in all dealings between the Vancouver Division of Family Practice and the service provider, who may be a self-employed individual or company.
2. **Mailing Address**
   Mailing address of the service provider MUST include the Postal Code.
3. **Telephone Number(s)**
   Any phone number(s) that the contractor would like to be contacted at, e.g. home, office, cell, pager, etc.
4. **Social Insurance Number OR Business Number**. If Social Insurance Number is included a T4A will be issued at year-end.
5. **Please Fax the form to our office at 604-321-5878 or email to accounting@vancouverdivision.com**