



DEPOT FINANCIAL INFORMATION UPDATES

Instruction Sheet

www.bcmb.ab.ca

Thank you for keeping your payment information updated.

These forms are to be completed and submitted to the BCMB whenever a Depot needs to update their financial or banking information for direct deposit from the CSA and CSP.

In order for your update to be processed, please ensure that:

1. The forms below are complete. All of the fields should be completed, and the forms should be signed and dated.
2. Include a copy of a void cheque or a direct deposit form from your financial institution with your submission of the ABCRC and BDL forms.

The documentation detailed above must be submitted to the BCMB via email to permits@bcmb.ab.ca. **Fax or paper copies will not be accepted.** Upon receipt, the BCMB will review the documentation for completeness and accuracy before forwarding appropriately to the CSA and CSP.

Please note that should your submission take place on a weekend or statutory holiday, it will be reviewed the next business day.

If this update is in response to a change of ownership or effective change in control, a Change of Ownership Application will be required.

If you have any questions, please contact the BCMB at 1-888-424-7671. Further contact information is also available on the BCMB website at www.bcmb.ab.ca





TO NEW DEPOT OWNER OPERATORS

Welcome to the industry. Alberta Beverage Container Recycling Corporation (ABCRC) is the approved Collection System Agent (CSA) for non-refillable beverage containers in Alberta.

For all beverage containers received, ABCRC will pay via Electronic Fund Transfer (EFT) in accordance with the Service Agreement. In order to ensure prompt payment and be compliant with the Depot Service Agreement, the attached consent form must be complete and returned to ABCRC prior to the first shipment of beverage containers as follows.

Alberta Beverage Container Recycling Corporation
901 - 57Ave NE
Calgary, Alberta T2E 8X9
ATTN: IT Administration
Email: ARstaff@abcrc.com

ABCRC will be unable to process your payment until your banking information is received and entered. The payment schedule is as follows.

LOAD RECEIVED & RECONCILED BY CSA	PAYMENT PROCESSED & ONLINE STATEMENT DATE	EFT PAYMENT
Friday – Tuesday	Wednesday	Friday
Wednesday – Thursday	Friday	Tuesday

ABCRC will send you a username and password to your industry email address, along with our website information and instructions on how to access your statements upon receipt of consent form. Your statements will be available online for you.

Please complete the attached Depot EFT form and return to ABCRC by email at ARStaff@abcrc.com or fax 403-264-0179.

Thanks in advance for your prompt response.

AUTHORIZATION FOR DIRECT DEPOSIT PAYMENT

Date: _____

Depot Name: _____

Depot Permit No.: _____

In this document, “we”, “us” or “our” refers to the named depot together with the named permit holder, who signs this document on our behalf.

1. We confirm our understanding that ABCRC is required, under the terms of the Beverage Container Management Board (the “**BCMB**”) Fee By-law and the Service Agreement between ABCRC and ABDA, to deduct from amounts owing by ABCRC to the depot, and remit to the BCMB any levies imposed by the BCMB.
2. We hereby authorize ABCRC to pay all amounts owing to the named depot, net of any deductions we have authorized, by Electronic Funds Transfer (“**EFT**”) or Direct Deposit, which funds are to be deposited into the depot’s designated bank account described in either (i) a copy of a voided cheque; (ii) a picture of a voided cheque that clearly shows all pertinent information required to complete an EFT; or (iii) a direct deposit form made available to us by our bank, which, in either case, has been attached to this document.
3. We confirm that authorization for deductions relating to amounts payable to the Alberta Bottle Depot Association (ABDA) will be specifically authorized by the named depot by completing a separate Authorization for ABDA Fee Deductions that identifies the specific types of fees to be deducted and made payable to the ABDA.

Permit Holder Name (please print): _____

Permit Holder Signature: _____



DIRECT DEPOSIT AUTHORIZATION FORM



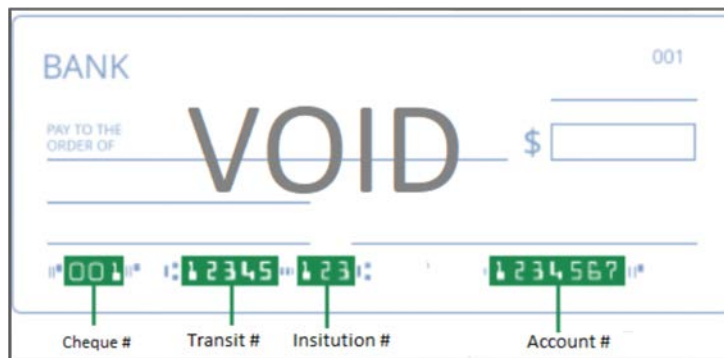
I hereby authorize Brewers Distributor Limited to deposit directly into our account as noted on the attached **void cheque**. This authorization will be in force until notice is received in writing, requesting direct deposits be discontinued.

Please clearly print on this form and all documents. **All fields are mandatory.**

SECTION # 3

Company Name:	Account Name (if different from company name)
Signature:	Transit Number:
Signing Officer:	Bank / Institution Number:
Position / Title:	Account Number:
Date Signed:	E-mail address for EFT Remittance Advice:
	Tax Number:

Please scan and e-mail this document, with a copy of your **void cheque / deposit slip** as an attachment to BDLVendor@TheBeerStore.ca



For internal use only:

Vendor Number:	Checked by:	Approved by:
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