



## NCFPMB Direct Deposit

Northumberland County Forest Products Marketing Board is pleased to offer Direct Deposit payments to Producers, Truckers, and Landowners.

To use direct deposit the following criteria applies:

1. Scale slips received by noon on Thursday will be processed no later than Friday at noon.
2. It may take up to 48 business hours for the funds to appear in your account.
3. Details of the deposit can be picked up at the office, sent by mail or email.
4. Payment by direct deposit will be effective within a week of receiving the correctly completed form.
5. Any changes will require a week to take effect.
6. Provide a completed NCFPMB Direct Deposit Form with corresponding bank information or a void cheque and return to the marketing board by:  
E-mail: [woodlot@nb.aibn.com](mailto:woodlot@nb.aibn.com)  
Fax: 506-622-6317  
Mail: PO Box 494, Miramichi, NB E1V 3M6  
Drop-off at: 271 McMurdo Street, Miramichi, NB
7. By agreeing to direct deposit, you understand that payments could be delayed by a week if incorrect information is provided.

Questions? Please call 506-622-7733 or email [woodlot@nb.aibn.com](mailto:woodlot@nb.aibn.com).

Office Use Only Received Date:  Staff: _____
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### NCFPMB - Direct Deposit Form

Complete and sign this authorization and return to **Northumberland County Forest Products Marketing Board**. Forms may be returned by:

E-mail: [woodlot@nb.aibn.com](mailto:woodlot@nb.aibn.com)  
 Fax: 506-622-6317

Mail: PO Box 494, Miramichi, NB E1V 3M6  
 Drop-off at: 271 McMurdo Street, Miramichi

I, \_\_\_\_\_ (Owner/Signing Authority) for \_\_\_\_\_ (Company), hereby request direct deposit to my account. I acknowledge the following conditions:

- a) It may take up to 48 hours for the funds to appear in my account.
- b) Payment by direct deposit will be effective within a week of NCFPMB receiving the correctly completed form.
- c) Any changes will require a week to take effect.
- d) By agreeing to direct deposit, I understand that payment could be delayed by a week if incorrect information is provided.

Signature:	Print Name:	
Address:	Phone Number(s):	
City:	Province:	Postal Code:
E-Mail:		

**Banking Information** (to be completed if void cheque or pre-authorization form not attached.)

Name on Account:													
Name of Financial Institution:													
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Date:	<b>Signature: (REQUIRED)</b>												

Personal information will be collected for the purpose of processing request. Your personal information will not be disclosed without consent or authorization.