



## Board of Trustees 2025 Contact Form

\_\_\_\_\_ has appointed  
*Municipality/ Regional District*

**Trustee**

**Alternate**

\_\_\_\_\_  
*Name*

to the Vancouver Island Regional Library (VIRL) Board for the term January 1 – December 31, 2025. This appointment will continue until a successor is appointed or until the member is removed per the *Library Act* or VIRL's By-Laws.

### Mailing/Courier Address

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Email

Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

### Phone (Check main contact number)

Home: \_\_\_\_\_  Cell: \_\_\_\_\_

Other: \_\_\_\_\_

**Birthdate** (required for insurance): \_\_\_\_\_

### Administration Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
**Trustee / Alternate Signature**

\_\_\_\_\_  
**Date**

Due: **Monday, December 6** to Mariah Patterson, Executive Assistant, [mpatterson@virl.bc.ca](mailto:mpatterson@virl.bc.ca)



## Board of Trustees Audio/Video Recording Release Form

### Permission to Record

**Event:** Board of Trustees and Executive Committee Regular and In Camera Meetings

I grant VIRL, its representatives and employees, the right to record my voice and/or image in connection with the above identified subject. I authorize VIRL, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

*These recordings are to:*

- 1. Provide the public access to observe regularly scheduled Board of Trustees open meetings. The recording is not made available to the public after the meeting is adjourned.*
- 2. Provide a means to clarify any questions when preparing meeting minutes.*

*Restricted* In Camera meetings will not be recorded.

I agree that VIRL will maintain a copy of the recording in its organization until the corresponding meeting minutes have been approved. Please be aware that as recording is conducted through third party online services, such as Zoom, Teams, or Boardable, we cannot guarantee all copies of the recording will be stored in Canada and/or within VIRL's management and control. For more information about these third party services and your information, please see their respective Privacy Policies.

I have read and understand the above:

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_



**Finance**  
**Direct Deposit Authorization**  
**for Electronic Funds Transfer (EFT)**

**Start Direct Deposit Payments**

**Change information previously submitted**

Effective Date: \_\_\_\_\_

<b>Company or Individual to receive payment:</b>	
Name	
Address	
Email	Phone
Contact Person	Contact's Job Title
<b>Bank Account Information</b>	
<b>Include one of the following:</b>	
<input type="checkbox"/> A blank cheque with "VOID" written across the front	
<input type="checkbox"/> "Print a Void Cheque" from your online banking	
<b>Authorize Electronic Funds Payments:</b>	
I authorize Vancouver Island Regional Library (VIRL) to deposit, by electronic fund transfer, payments owed to me and, if necessary, to debit entries and adjustments for amounts deposited electronically in error. VIRL will deposit the payments in the bank account designated above. I recognize that I am responsible for payment errors that result from incomplete or inaccurate information on this form.	
[Your bank account statement will show payment(s) from Vancouver Island Regional Library.]	
_____	_____
<b>Authorized Signature</b>	<b>Print Name</b>
_____	_____
<b>Job Title</b>	<b>Date</b>

**Email or Mail**

**Send completed form and void cheque to:**

Attention: Finance Division  
Vancouver Island Regional Library  
Box 3333, Nanaimo, BC V9R 5N3

[mpatterson@virl.bc.ca](mailto:mpatterson@virl.bc.ca)

t: 250.585.9068