Desjardins

DIRECT DEPOSIT APPLICATION FORM

Paying agency

Name

Address (street, city or town, province)

Postal code

Payee's authorization

Surname and first name

Address (street, city or town, province)

Postal code

Telephone No.
Area code

Social insurance No.

Reference No., if applicable
(e.g. Employee No.)

I hereby authorize the above-mentioned agency to make deposits into the account identified below and to communicate any information required to carry out such deposits to individuals who need them in order to follow up on this authorization.

Signature of payee

Date

Payee's financial institution

Name of institution (Caisse or Bank Branch)

Address (street, city or town, province)

Postal code

Institution No.

Transit or
Branch No.

Folio or Account No.

IMPORTANT

Include a personal cheque clearly marked “CANCELLED” in order to avoid transcription errors. If you change accounts or financial institutions, please notify your paying agency.