

You'll need the following to transfer your preauthorized payments or direct deposits:

- Your [Desjardins specimen cheque](#)
- The Preauthorized debit (PAD) change notice form (see below)
- The Direct deposit change notice form (see below)
- Your social insurance number when communicating with government agencies

Please note that once all your preauthorized transactions have been successfully transferred to your Desjardins account, you'll be able to close your old account, worry-free.

Preauthorized payment transfer

This list of organizations to contact will make it easier to manage your requests and keep track of your status. Many organizations allow you to change your banking information directly on their website.

Preauthorized payment	Account/ bill number	Payment amount	Phone number	Contacted	Transfer scheduled for	Transferred
Internet						
Home phone						
Cell phone						
TV/cable						
Electricity						
Natural gas/heating oil						
Auto insurance						
Home insurance						
Life insurance						
Municipal taxes						
School taxes						
Mortgage loan / rent						
Car loan						
Other loans						
Investments						
Other:						

Direct deposit transfer

Here is a list of government organizations to contact to make it easier to track your direct deposit transfer status. See [direct deposit](#) for a full list of government organizations.

Direct deposit	Employer or organization name	Phone number	Deposit amount	Contacted	Transfer scheduled for	Transferred
Salary						
Revenu Québec	Revenu Québec					
Child assistance	Régie des Rentes du Québec	1-800-667-9625				
Québec Pension Plan	Régie des Rentes du Québec	1-800-463-5185				
Canada Revenue Agency	Canada Revenue Agency	1-800-959-7383				
Retirement plan income						
Employer group insurance plan						
Other:						

PREAUTHORIZED DEBIT (PAD) CHANGE NOTICE

Note: Please complete one form for each of your preauthorized debits and send it to the recipient organization with a void cheque or specimen cheque (available at AccèsD) from your Desjardins account.

A. MEMBER IDENTIFICATION

First and last name of account holder(s)	Telephone number
Address (street, city, province)	Postal code
Identification number of the recipient organization (example: invoice or client number)	

B. RECIPIENT ORGANIZATION IDENTIFICATION

Name of recipient organization		
Address (street, city, province)	Postal code	Telephone number

C. PURPOSE OF THE APPLICATION

I (if a legal entity, herein represented by its duly authorized representative[s]) hereby authorize the recipient organization to change the existing PAD agreement to replace the account from which preauthorized debit payments are deducted with the account further detailed in Section D, as of _____ (date). All other terms of the PAD agreement remain unchanged.

D. FINANCIAL INSTITUTION INFORMATION

Name of financial institution where account is held																									
Address of financial institution where account is held (street, city, province)			Postal code																						
List all numbers in your banking information (including zeros at the start, if any):	Institution number	Transit number	Account number (with check digit)																						
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E. TERMS OF THE PAD CHANGE NOTICE

1. This form may be rejected by the recipient organization. Before using it, you are responsible for ensuring that this form is accepted. Desjardins will not be responsible for any damages or inconvenience caused by rejection.
2. A change to or cancellation of a PAD agreement has no effect on your obligations to the organization.
3. Desjardins is not required to verify that PADs are completed in accordance with the PAD agreement.
4. You must inform the recipient organization of any changes to your PAD agreement or to this notice.
5. Transfer or other fees may be claimed by a recipient organization or expediting financial institution. Desjardins is not responsible for these fees.
6. You may revoke your authorization at any time upon notice. To obtain a cancellation form or for more information on your right to cancel a PAD agreement, you may contact your financial institution or visit the Payments Canada website at <https://payments.ca/>.
7. You consent to the sharing of the information contained in your PAD agreement or this change notice with the financial institution, provided that such sharing of information is directly related to and necessary for the smooth implementation of applicable rules regarding preauthorized debits.

F. CONSENT

I, the undersigned _____, declare that I have read, understood and agree with the conditions set out in Section E above. I declare that all information provided in this change notice is accurate and complete. I attest that all persons whose signatures are required to initiate a PAD from this account have signed this change notice.

Name of account holder

Signature

Date: _____

Name of joint account holder

Signature of joint account holder (if applicable)

(For accounts requiring two signatures)

Date: _____

DIRECT DEPOSIT CHANGE NOTICE

Note: Please complete one form for each direct deposit and send it to the paying institution with a void cheque or specimen cheque (available at AccèsD) from your Desjardins account.

A. MEMBER IDENTIFICATION

<i>First and last name of account holder(s)</i>	<i>Telephone number</i>
<i>Address (street, city, province)</i>	<i>Postal code</i>
<i>Identification number of the paying institution (example: invoice or client number)</i>	

B. FINANCIAL INSTITUTION INFORMATION

<i>Name of financial institution where account is held</i>																											
<i>Address of financial institution where account is held (street, city, province)</i>			<i>Postal code</i>																								
<i>List all of the numbers in your banking information (including zeros at the start, if any):</i>	<i>Institution number</i>	<i>Transit number</i>	<i>Account number (with check digit)</i>																								
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C. PAYING INSTITUTION IDENTIFICATION

<i>Name of paying institution</i>		
<i>Address (street, city, province)</i>	<i>Postal code</i>	<i>Telephone number</i>

D. PURPOSE OF THE APPLICATION

I hereby authorize the paying institution, as of _____ (date), to make deposits into the account listed in Section B, replacing my previous authorization. All other direct deposit enrolment terms remain unchanged.

E. CONSENT

I, the undersigned _____, declare that all information provided in this change notice is accurate and complete. I hereby give my consent to the paying institution to provide the information necessary to make these deposits to any person requiring this information further to this authorization. I attest that all persons whose signatures are required to make a deposit into this account have signed this change notice.

Name of account holder

Signature

Date: _____

Name of joint account holder

*Signature of joint account holder (if applicable)**(For accounts requiring two signatures)*

Date: _____

Important

This form may be rejected by the paying institution. Before using it, you are responsible for ensuring that this form is accepted. Desjardins will not be responsible for any damages or inconvenience caused by rejection. You must inform the paying institution of any changes to this change notice. Transfer or other fees may be claimed by a beneficiary organization or expediting financial institution. Desjardins is not responsible for these fees.