

 **With direct deposit,** the paying organization deposits your funds directly into your account. Please complete the form below and return it along with a void cheque, if requested.

(To be completed by paying organization)

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email address: \_\_\_\_\_

## Name \_\_\_\_\_

Address \_\_\_\_\_

City	Province	Postal code
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Phone No.	Email address	Social insurance number (SIN), if applicable
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**For employees wishing to receive their pay by direct deposit.**

Reference No., if applicable (such as employee or file No.)

I hereby authorize the above-mentioned paying organization to make deposits into the account identified below and to share the information in this form as required to complete these deposits.

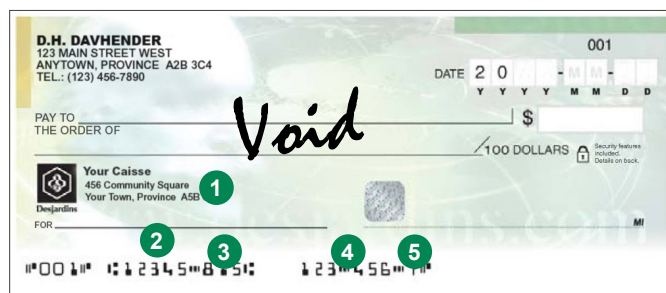
**X** \_\_\_\_\_  
Your signature Date (YYYY-MM-DD)

## Financial institution name (caisse or bank branch)

Address	City	Province	Postal code
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Institution No.	Transit or branch No.	Folio or account No.	Check digit (if applicable)
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- 1 Name and address of financial institution
- 2 Identification No. (caisse or branch transit No.)
- 3 Institution No.
- 4 Folio or account No. (including zeros)
- 5 Check digit



 **Important:** If you change accounts or financial institutions, please notify the paying organization.