

DIRECT DEPOSIT ENROLMENT FORM

Please print clearly and in block letters. Do not use this form to provide change of address information. Do not enclose anything other than your void cheque with this form.

PART A - App	olicant's Identi	fication Infor	mation					
Surname								
Given Name							Initial(s)	
Address								
City/Town							Province	
Postal Code			Telephone	e No.				
Date of Birth (YYYYMMDD)								
PART B - Pay	ment Informa	tion (Indicate	the paym	ent(s) to	which you	would like	this change applie	 ed.)
related p overpayr	tax refund, Goods provincial and terri	torial payments, ny applicable ber	Canada Work lefit payment	kers Benefit (s for previou	(CWB) advan ıs years. I un	ce payments, iderstand that	Child Benefit (CCB) and any other deemed providing new banking anged by me.	_
Service Cana	ıda							
Canada I	Pension Plan		Old	Age Security	/		Canada Pension Plan D	isability
am selecting, ar	nd it will stay in eff	ect until changed	d by me.			n file with the	Service Canada progr	am(s) I
	nking Informat : Complete Par					ritton on it		
TWPORTANT	: complete Par	C or attach a	DIANK CHE	eque with	VOID WI	itten on it.		
Branch No.		Financ	cial Institutio	n No.				
Account No.								
Name(s) of Acco	ount Holder(s)							
							incial Institution Stamp I if no void cheque atta	

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Signature of Applicant or Legal Representative

Date (YYYYMMDD)

Mail the completed form to the following address:

RECEIVER GENERAL FOR CANADA PO BOX 5000 MATANE QC G4W 4R6

Need help with this form? Call 1-800-593-1666 (toll-free) Monday, Tuesday, Wednesday and Saturday from 7 a.m. to 7 p.m. or Thursday and Friday from 7 a.m. to 10 p.m., Eastern Standard Time (TDD/TTY: 1-844-524-5286), visit www.directdeposit.gc.ca or consult with your financial institution.

Until your direct deposit information has been updated, you will continue to be paid by cheque or direct deposit to the bank account currently on file.

To update your banking information in the future, please complete a new direct deposit enrolment form.

Please do not use this form to provide change of address information. To change your address information, please contact the department or agency that issues your payments.

Part A - Applicant's Identification Information

Fill in the surname (last name), given name (first name) and any middle name initials, as well as the full address, telephone number, date of birth and Social Insurance Number (SIN) of the applicant in the fields provided. All fields are mandatory.

Part B - Payment Information

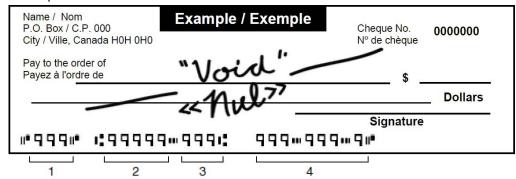
Indicate the payment(s) the applicant currently receives by cheque and wishes to receive by direct deposit. If the applicant is already receiving payments by direct deposit and wants to change the banking details on file, indicate the payment(s) for which the change should be applied. The payment(s) indicated here will be deposited into the bank account indicated in Part C.

Part C - Banking Information

This form can only be used for direct deposit payments destined for domestic (Canadian) bank accounts that use standard routing information, i.e., a Branch Number, Institution Number and Account Number. For direct deposit payments into foreign bank accounts, please consult the *Foreign Direct Deposit Enrolment Form* found at www.directdeposit.gc.ca.

Instead of filling in Part C, a blank cheque with the word "VOID" written across the front can be attached to this form - see example below. This cheque must be associated with the Canadian bank account into which the payments indicated in Part B are to be deposited. Do not enclose anything other than a void cheque with this form.

If completing Part C of this form, account routing information can be obtained from the financial institution into which direct deposit payments are to be made. These details can also be found on a cheque associated with that bank account. Your financial institution must stamp this section to verify that the correct banking details have been entered if no void cheque is attached.



- 1. Cheque number not required.
- 2. Branch number 5 digits.

- 3. Institution number 3 digits.
- 4. Account number as shown on your cheque.

Part D - Legal Representative

If the applicant is signing Part E of this form on their own behalf, Part D does not need to be completed. If you are signing the form on the applicant's behalf, as the applicant's legal representative, indicate your name, role, address and telephone number. Examples of 'Role' can include Power of Attorney, Executor, Legal Guardian, Public Trustee, etc.

Part E - Consent

Date and sign the form in order for it to be processed. By signing, you confirm that you have read and agreed with the consent statement on the form.