



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 - Applicant's Identification Information

Surname

Given Name Initial(s)

Address

City/Town Province

Postal Code Telephone No.

Date of Birth (YYYYMMDD) Social Insurance No.

PART B - Payment Information (Indicate the payment(s) to which you would like this change applied.)

Canada Revenue Agency

Income tax refund, Goods and Services Tax/Harmonized Sales Tax (GST/HST) credit, Canada Child Benefit (CCB) and any related provincial and territorial payments, Working Income Tax Benefit (WITB) advance payments, any other deemed overpayment of tax, and any applicable benefit payments for previous years. I understand that providing new banking information replaces any banking information on file with CRA, and it will stay in effect until changed by me.

Service Canada

Canada Pension Plan Old Age Security

I understand that providing new banking information replaces any banking information on file with the Service Canada program(s) I am selecting, and it will stay in effect until changed by me.

PART C - Banking Information (Canadian financial institutions only)

IMPORTANT: Complete Part C or attach a blank cheque with "VOID" written on it.

Branch No. Financial Institution No.

Account No.

Name(s) of Account Holder(s)

Financial Institution Stamp
(required if no void cheque attached)

PART D - Legal Representative

IMPORTANT: Only complete Part D if you are signing on the applicant's behalf.

A legal representative is an individual or organization authorized by virtue of a legal document, such as a Power of Attorney, to act on behalf of the client as though they were the client themselves. A legal representative includes, but is not limited to, Power of Attorney, Executor, Legal Guardian and Public Trustee.

Surname

Given Name

Initial(s)

Role

Address

City/Town

Province

Postal Code

Telephone No.

PART E - Consent

Provision of the personal information, including your Social Insurance Number (SIN), is pursuant to *Department of Public Works and Government Services Act*, s. 5, s.11 and the *Financial Administration Act*, ss. 35(2). The Receiver General will use and disclose information to the federal institutions identified in Part B and to your financial institution in order to issue direct deposit payments, but will not disclose your SIN to your financial institution. Your personal information will be protected, used and disclosed in accordance with the *Privacy Act*, and as described in Personal Information Bank PWGSC PSU 712, Receiver General Payments. Under the Act, you have the right to access and correct your personal information, if erroneous or incomplete.

I, the undersigned, have read the Privacy Notice and consent to the collection, use and disclosure of my personal information as described therein.

Date (YYYYMMDD)

Signature of Applicant or Legal Representative

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.

Name / Nom		Example / Exemple		Cheque No.	0000000
P.O. Box / C.P. 000				N° de chèque	
City / Ville, Canada H0H 0H0					
Pay to the order of		"Void"		\$	
Payez à l'ordre de					Dollars
		« Null »		Signature	
⑈ 9999 ⑈		⑈ 999999 ⑈ 9999 ⑈		9999 ⑈ 9999 ⑈ 9 ⑈	
1	2	3	4		

- 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.