

## **Application for EFT (CAD) Direct Deposit**

The information indicated on this form is confidential and will be used solely for the purpose of depositing your payments directly into your bank account. We will not release this information for any other purpose. If you have any questions or concerns, please follow up with your Ministry Contact.

## Completion of All Fields is Mandatory. Incomplete forms will not be processed.

## **INSTRUCTIONS**

- This form is not required if you have a PERSONALIZED voided cheque.
- Funds will only be deposited into ONE bank account.
- Funds can only be deposited in the name of the person or company who CURRENTLY receives the cheque from the Ministry.
- This form must be signed by both spouses where both spouses are registered as the payment recipients

- This form must be signed by - This form must contain the "E	an official representative of the Bank Bank Stamp" n to your Ministry Contact for processing.	stered as the	раушеш	i recipiem	ъ.		
Part 1 Party Authorized See sample cheque below	V	/endor Number (if known)					
A. Name of Account Holder							
Last Name/Company Name		First Name			Middle Name		
Address		City/			vn		
Province	Postal Code		Telephone		ne Nur	ne Number (include area code)	
OPT IN - Vendor email addres	ss for electronic remittance advice						
OPT OUT (with a check bo	ox) will not receive electronic delivery of rem	nittance advic	e.				
I authorize the Province of Alb you of any change.	erta to make all payments due to me by depos	sit to the abov	e account	t. Paymeı	nt shall	continue until I advise	
Dated	Signed	Dated	ed		Siç	Signed (if joint account)	
Part 2 Bank Information						_	
B. Name of Bank		C. Bank Ad	dress				

Bank Information					
B. Name of Bank			C. Ban	k Address	
Type of Account (please check one):	D. Bank	Transit/Branch Nu	mber	E. Bank Number	F. Account Number
☐ Chequing ☐ Savings					
Print Name of Financial Institution Officer		Telephone Numbe	r Date	d F	inancial Institution Officer's Signature
Sample of Personalized Che  A	que  Date	1 5 9 \$	-	Ban	k Teller Stamp —

Please return the signed form to your Ministry Contact for processing.

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