



DIRECT DEPOSIT ENROLLMENT FORM FOR BUSINESSES & INDIVIDUALS

PRIVACY NOTICE The personal information is collected under the Financial Administration Act, ss. 17(1) and 35(2). The information is used and disclosed to relevant federal program(s) and your financial institution for direct deposit purposes. Direct deposit payments cannot be made without provision of information requested. Personal information is protected in accordance with the provisions of the Privacy Act. Under the Act, individuals and businesses have a right to request access and correct their personal information, if erroneous or incomplete.

Print clearly and in block letters. Please inform the department of any changes to your banking information. Should the department require clarification on the data you have provided, we will contact you.

PART A All Fields are Mandatory

1) Legal Business Name

OR

Individual Name (surname, first name)

2) Address (Include Unit No., R.R. or P.O. Box)

Province

City, Town Postal Code

Email Address

Telephone Extension

Business Number **OR** Social Insurance Number

PART B All Fields are Mandatory

Branch No.

Institution No.

Account No.

Name of Account Holder(s)

Financial Institution's Stamp Here
(Mandatory if no voided cheque is enclosed with your request)

How to complete Part B

See example below

1. Cheque number - not required.
2. Branch number - 5 digits.
3. Institution number - 3 digits.
4. Account number - as shown on your cheque.

Name / Nom P.O. Box / C.P. 000 City / Ville, Canada H0H 0H0	Example / Exemple	Cheque No. N° de chèque 0000000	
Pay to the order of Payez à l'ordre de	<i>"Void"</i> <i><<Nul>></i>	\$ _____ Dollars	
_____		Signature	
9999 1:99999 999: 999 999 9			
1	2	3	4

Instead of completing Part B, you can attach a blank cheque for your bank account with "VOID" written on it. DO NOT ENCLOSE ANYTHING OTHER THAN YOUR VOIDED CHEQUE WITH THIS FORM.

PART C

I, as an authorized representative of this business or as the individual entitled to receive payment, grant the Receiver General for Canada the right to deposit future payment(s) directly into the bank account specified until further notice.

Date (YYYY-MM-DD)

Signature of Authorized Representative or of individual

Preferred Language English French

MAILING INSTRUCTIONS

Employment and Social Development Canada

CFOB Business Centre
2nd Floor Mailstop 212
140 Promenade du Portage, Phase IV
Gatineau, QC K1A 0J9