Direct Deposit Application



Finance

Manitoba Tax Assistance Office - Seniors' School Tax Rebate Program

Telephone: 204-945-7555

402 – 155 Carlton Street **Fax:** 204-948-1515

tep 1: Personal Information		
First Name:	Last Name:	
Address:		
ity:	, <u>Manitoba</u> Postal Code:	
elephone Number: (including area	a code)	
ep 2: Account Information: (Do r	not enclose anything other than your voided cl	heque with this form.)
ansit Number (5 digits)	Bank Number (3 digits)	_ Account Number
ame, address, and telephone num	ber of financial institution:	
ep 3: Please sign, date and mail t	he completed form with your voided cheque direct deposit of my Seniors' School Tax Reba	
	t the information above is complete and accu	rate.
ntil further notice, I authorize the		
ntil further notice, I authorize the esignated in this form. I certify tha	Date	e
ntil further notice, I authorize the	Date	е
ntil further notice, I authorize the signated in this form. I certify that gnature of Account Holder your banking information change count, you must complete a new	es, or if you wish to have your Seniors' School	e I Tax Rebate payments deposited to a differe ur office. After the changes have been proces