

Direct Deposit Authorization



Payments are to be paid by direct deposit to your bank account. Please return this authorization form within 15 days.

Check one only: To start direct deposit To change direct deposit information

Client Information

Surname	Given Names
Address	
Social Insurance Number	Case Number

Bank Information

Name of Bank/Credit Union, etc.	Branch Address
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DIRECT DEPOSIT INFORMATION - ACCOUNT TO WHICH BENEFITS WILL BE DEPOSITED

Please attach a current **blank cheque marked "Void"**. The cheque must have pre-printed numbers on the bottom indicating your bank, branch and account numbers. The cheque must also be pre-printed with your name, address and phone number.

If you are not able to provide a "Void" personalized cheque, please have an authorized official at your bank complete the following:

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Branch

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Institution

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Account Number

Signature of Bank Official

Bank Stamp

Authorization

I hereby declare that the above bank account is in my name or that I am one of the joint holders of the account. I understand that my benefits will be deposited to the above account and that once deposited I am fully responsible for those funds.

- I am aware that:
- monies in a bank account are subject to seizure by creditors,
 - I am responsible for ensuring the deposit is made in my bank account before writing cheques,
 - I am responsible for any bank service charges,
 - I am responsible for notifying my worker if my benefits are not deposited to my account.

Signature of Client

Date

For Office Use Only

Signature of Financial Services Branch

Date

Forward completed form to Social Services, Financial Services Branch, Suite 900, 1920 Broad Street, Regina, SK S4P 3V6 or fax to (306) 798-0256.