

# EFT [CAD] Direct Deposit

**Completion of All Fields are Mandatory. Incomplete form will not be processed.**

*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.*

## Part 1 - Authorized to Receive Payment

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
*(Legal name of account holder)*

Social Insurance Number (T4A applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

## Part 2 - Bank Information

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Transit Number: \_\_\_\_\_

Bank (Institution) Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a void cheque, or photocopy marked void, for the purpose of obtaining correct Name, Bank Code, Transit No. and Account Number.

Please email your EFT Form to your District office **no later than April 5, 2024.**