



ONCAT

Ontario Council on
Articulation and Transfer

ELECTRONIC DEPOSIT PRIVATE AND CONFIDENTIAL

NOTE: Ensure that all digits of your bank, branch and account numbers are entered below, otherwise we will be unable to deposit your pay - or it may go into someone else's account. If you have any questions, please contact your bank for the proper numbers.

NOTE: This form will also authorize deposits via Electronic Funds Transfer (EFT) from ONTransfer directly to your bank account. All refunds will be deposited into the account indicated on this form.

NAME: _____

BRANCH ADDRESS: _____

BRANCH OR TRANSIT CODE (must be 5 digits): _____

INSTITUTION # (must be 3 digits): _____

ACCOUNT # (must be at least 7 digits): _____



001

YOUR NAME
123 ANY STREET
YOUR TOWN, PROVINCE M4P 1V5

DATE

Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D

PAY TO THE ORDER OF _____ \$

100 DOLLARS

YOUR FINANCIAL INSTITUTION
456 MAIN STREET
YOUR TOWN, PROVINCE L1L 1L1

MEMO _____

Your Bank *SAMPLE* **New Direct Deposit/Pre-authorized Transactions**

Customer name: _____

Account No. _____
Trans. No. Inst. No. Account No.

This form is used for new direct deposits/pre-authorized transactions only. Please take this form to your billing/deposit company.

Billing/deposit company information:

Company name _____ Phone _____
 Street _____ Fax _____
 City _____ Prov. _____ Postal code _____

Please accept this document as my authorization to set up new direct deposit/pre-authorized transactions for the following:
 (one form for each change)

☐ **1. Preauthorized payment**
 Please indicate which apply:

☐ Insurance
☐ Utility
☐ Membership
☐ Loan payment

☐ Mortgage payment
☐ Lease
☐ Other

Policy/account # _____
 Payment frequency (monthly, weekly, daily) _____
 Payment amount _____
 Next payment date (dd/mm/yyyy) _____

☐ **2. Direct deposits**
 Please indicate which apply:

☐ RIF/LIF/LRIF
☐ Benefit/Pension

☐ Annuity
☐ Other

☐ **3. Payroll deposit**

All authorized signatures required

Customer or Signing Officer signature(s) _____

Customer or Signing Officer signature(s) _____

Date (dd/mm/yyyy) _____

Date (dd/mm/yyyy) _____

Note: To set up Government Direct Deposits, please complete the appropriate Government of Canada forms. The branch can provide you with a 'Direct Deposit Enrolment Request' form (#520745) or you can refer to the Canada Customs and Revenue Agency website (www.cra-adr.gc.ca).

523218 (1/00)