



# 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): \_\_\_\_\_



# ONCAT Ontario Council on Articulation and Transfer

Sample void cheque and direct deposit slip, indicating where to find appropriate numbers:

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 \_\_\_\_\_

**Cheque #** 100101 **Transit #** 12345 **Institution #** 6789 **Account #** 123456789

Your Bank \*SAMPLE\*

New Direct Deposit/Pre-authorized Transactions

Customer name: \_\_\_\_\_

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 ☐ Mortgage payment  
☐ Utility ☐ Lease  
☐ Membership ☐ Other  
☐ Loan payment

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

☐ 2. Direct deposits  
Please indicate which apply:  
☐ RIF/LAF/RIF ☐ Annuity  
☐ Benefit/Pension ☐ Other

☐ 3. Payroll deposit

All authorized signatures required

\_\_\_\_\_  
Customer or Signing Officer signature(s) Date (dd/mm/yyyy) \_\_\_\_\_

\_\_\_\_\_  
Customer or Signing Officer signature(s) 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.ccrs-adrc.gc.ca](http://www.ccrs-adrc.gc.ca)).

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