



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 ONCAT directly to your bank account. All refunds will be deposited into the account indicated on this form.

NAME OF RECIPEINT: _____

BRANCH ADDRESS: _____

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

INSTITUTION # (must be 3 digits): _____

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

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 <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D
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 I1L 1L1 MEMO _____																	
⑈001⑈ Cheque #	⑆12345⑆⑆678⑆ Transit # Institution #																
	⑆123⑆⑆456⑆⑆7⑈ Account #																

Your Bank *SAMPLE*

New Direct Deposit/Pre-authorized Transactions

Customer name: _____

Account No. _____

Transit 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 _____	Postal code _____
Prov. _____	

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

<p><input type="checkbox"/> 1. Pre-authorized payment Please indicate which apply:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Insurance</td> <td><input type="checkbox"/> Mortgage payment</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Lease</td> </tr> <tr> <td><input type="checkbox"/> Membership</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Loan payment</td> <td></td> </tr> </table> <p><input type="checkbox"/> 2. Direct deposits Please indicate which apply:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> RIF/LIF/LRIF</td> <td><input type="checkbox"/> Annuity</td> </tr> <tr> <td><input type="checkbox"/> Benefit/Pension</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p><input type="checkbox"/> 3. Payroll deposit</p>	<input type="checkbox"/> Insurance	<input type="checkbox"/> Mortgage payment	<input type="checkbox"/> Utility	<input type="checkbox"/> Lease	<input type="checkbox"/> Membership	<input type="checkbox"/> Other	<input type="checkbox"/> Loan payment		<input type="checkbox"/> RIF/LIF/LRIF	<input type="checkbox"/> Annuity	<input type="checkbox"/> Benefit/Pension	<input type="checkbox"/> Other	<p>Policy/account # _____</p> <p>Payment frequency (monthly, weekly, daily) _____</p> <p>Payment amount _____</p> <p>Next payment date (dd/mm/yyyy) _____</p>
<input type="checkbox"/> Insurance	<input type="checkbox"/> Mortgage payment												
<input type="checkbox"/> Utility	<input type="checkbox"/> Lease												
<input type="checkbox"/> Membership	<input type="checkbox"/> Other												
<input type="checkbox"/> Loan payment													
<input type="checkbox"/> RIF/LIF/LRIF	<input type="checkbox"/> Annuity												
<input type="checkbox"/> Benefit/Pension	<input type="checkbox"/> Other												

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 Enrollment Request" form (#520745) or you can refer to the Canada Customs and Revenue Agency website (www.ccrs-adrc.gc.ca).

323218 (1/99)