



Electronic Deposit Private & 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 RECIPIENT: _____

NAME OF BANK: _____

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

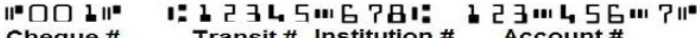
Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D

PAY TO THE ORDER OF _____ \$ _____

100 DOLLARS

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

MEMO _____


 Cheque # Transit # Institution # Account #

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. Pre-authorized 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) _____

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).

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