

## **Direct Deposit Enrolment or Change Request**

EC 20039 (05/04) June 7, 2004

This form is for the use of a registered political party, a candidate's official agent, or an auditor wishing to arrange direct bank deposit of payments to which they are entitled under the *Canada Elections Act*.

To set up direct deposit, simply fill out the form and return it to the address at the bottom, together with a voided cheque or a document approved by your financial institution. You can also use the form to change or cancel your instructions for direct deposit.

| Section 1  | Nature of Req   | uest   |             |              |
|--|---|--|-------------|--------------|
| I wish to: (check one)   |   |  |             |              |
| Enrol in direct deposit  Char  | nge my deposit inst                                     | tructions  | Cancel      | my enrolment |
| For the following type of reimbursemen   | t: (check one only)                                     | )  |             |              |
| To the chief agent of a registered party   |   | Reimbursement to a pofficial agent                           | erson desig | nated by the |
| Reimbursement to the candidate's official  | agent   | Reimbursement to the   | auditor     |              |
| Name of the registered party, registered as candidate for whom the recipient will be re  |   |  |             |              |
| Section 2  | Recipient Identific                                     | eation   |             |              |
| Surname  |   | Given Name   |             |              |
| Address (No., Street, Apartment)   |   |  |             |              |
|  |   |  |             |              |
| City   | Province/Territor                                       | ry   |             | Postal Code  |
| Home Phone Number  |   | Other Phone Numbe  | r           |              |
|  |   |  |             |              |
|  |   |  |             |              |
| Section 3  | Account Informa   | ation  |             |              |
| Section 3  Name of Financial Institution   | Account Informa   | ation  |             |              |
|  | Account Informa   | ation  |             |              |
| Name of Financial Institution  Address (No., Street)   |   |  | l F         | Postal Code  |
| Name of Financial Institution  | Account Informa   |  | F           | Postal Code  |
| Name of Financial Institution  Address (No., Street)   | Province/Territor                                       | ry<br>rs in full, including z                                |             | Postal Code  |
| Name of Financial Institution  Address (No., Street)  City   | Province/Territor                                       | ry   |             | Postal Code  |
| Name of Financial Institution  Address (No., Street)  City   | Province/Territor requested number Branch               | ry<br>rs in full, including z<br>n Number                    | eros:       | Postal Code  |
| Name of Financial Institution  Address (No., Street)  City  From one of your cheques, enter in the state of t | Province/Territor requested number Branch Finance       | ry<br>rs in full, including z                                | eros:       | Postal Code  |
| Name of Financial Institution  Address (No., Street)  City  From one of your cheques, enter 1  | Province/Territor requested number Branch Finance       | ry<br>rs in full, including z<br>n Number                    | eros:       | Postal Code  |
| Name of Financial Institution  Address (No., Street)  City  From one of your cheques, enter in the state of t | Province/Territor requested number Branch Finance       | rs in full, including z<br>n Number<br>ial Institution Numbe | eros:       | Postal Code  |
| Name of Financial Institution  Address (No., Street)  City  From one of your cheques, enter  Au montant de  «001» (12345) (678 ») 978 »654 »   | Province/Territor requested number Branch Financ Accoun | ry n Number hial Institution Number nt Number                | eros:       | Postal Code  |
| Name of Financial Institution  Address (No., Street)  City  From one of your cheques, enter in the state of t | Province/Territor requested number Branch Finance       | ry n Number hial Institution Number nt Number                | eros:       | Postal Code  |

The personal information provided is protected under the Privacy Act and is used for federal electoral purposes only. The information is retained in Personal Information Bank CEO PPU 010.

Please return this form with a voided cheque to:

Elections Canada, Election Financing, 257 Slater Street, Ottawa, Ontario K1A 0M6