

This form is to be completed only by students with major functional disabilities who wish to have the financial assistance to which they are entitled deposited directly in their bank account. This form must also be completed by students who no longer wish to receive direct deposit services or who wish to report changes concerning their banking information.

Section 1 Student Information

| | |
|------------|--|
| Last name | Permanent code assigned by the Ministère |
| _____ | _____ |
| First name | Social insurance number |
| _____ | _____ |

Section 2 Additional Information and Signature

Check the statement that applies to your situation:

I wish to apply for direct deposit.
 I no longer wish to receive direct deposit services.
 I would like to report changes to my banking information.

| | | |
|---|----------------|--|
| Financial institution identification number | Account number | Please make sure that the account number provided is the same as the one printed at the bottom of your cheque. |
| _____ | _____ | |

I have attached a specimen cheque. YES NO (If "NO," please have section 4 completed by your financial institution.)

Signature **X** _____ Date

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Section 3 Specimen Cheque

If you indicated in section 2 that you wanted to apply for direct deposit or report changes to your banking information, please staple a specimen cheque in the space provided hereunder. Make sure to write your name, your permanent code and NULL or VOID on the front of the cheque.

If, for any reason, we are unable to make a direct deposit, you will receive the financial assistance to which you are entitled in the form of a cheque mailed to your home.

Section 4 Confirmation of Financial Institution

Have this section completed by the authorized person at your financial institution only if you cannot provide a specimen cheque.

Name of financial institution _____

Address _____



I certify that the information provided in section 2 is accurate and complete.

Signature of the authorized person _____

Date

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| | | Y | | | | M | | | D | |
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