

# PAY AND ALLOWANCES - TRAVEL CLAIM DIRECT DEPOSIT REQUEST

## Part A – Member’s Identification (To be completed by Member)

\_\_\_\_\_  
 Corps/Sqn                      Service Number                      Rank                      Name

\_\_\_\_\_  
 Contact Phone Number

## Part B – Direct Deposit Information (To be completed by Member)

Same as previous deposit - Yes/No  If No, complete the following **AND** attach a void cheque:

Institution Number

--	--	--

Branch Transit

--	--	--	--	--	--

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--

<div style="border: 1px solid black; padding: 2px; font-size: small;">Financial Institution, Name, Address, Phone Number</div>      
--

Place bank stamp here  
for savings accounts only

(NOTE: circle one → Chequing or Savings)

## Part C – Authorization (To be completed by Member)

1. I hereby authorize DND Pacific Region Accounts to make deposits to my chequing/savings account for the purposes of payroll. I will advise you of any change in this regard, and the authorization is to remain in effect until cancelled in writing.
  
2. I, as the person entitled to receive the sum shown on the attached claim, and in lieu of my receiving a cheque for the same from the Receiver General, hereby authorize the Receiver General for Canada to deposit the payment into the account noted herein by means of Direct Deposit.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Part D – DFT Payment Information (Cashier use only)

DFT AMOUNT	Date Submitted	DFT Ref #

## PLEASE ATTACH A VOID CHEQUE

**MAIL COMPLETED FORM TO:**

**Finance Office  
 Regional Cadet Support Unit (Pacific)  
 PO Box 17000 Stn Forces  
 Victoria BC V9A 7N2**