

# Canadian Direct Deposit Enrollment Form Completion Instructions

## Introduction:

A new input form has been designed to support the capture of key information from beneficiaries wishing to enroll in the Canadian direct deposit. The following is a step by step procedure developed to guide the beneficiary in the proper completion of the form.

## Completion Instructions:

The Canadian Deposit Enrollment form is divided into three parts. They are:

- Part A - Identification Information,
- Part B - Program identification to which the individual wants to enroll, bank cheque information, date and signature; and
- Part C - Identification of the Financial Institution, account number and name(s) of the account holder(s) to which the payment is to be directed.

## Part A - Identification Information:

Part A provides spaces for you to identify your name, address, and telephone number. The following is a step by step procedure.

<b>PART A - PARTIE A</b>	
<b>Please print clearly. Please keep the appropriate federal government department informed of any change to your mailing address.</b>	
<b>Écrivez lisiblement. Veuillez informer le ministère fédéral approprié de tout changement d'adresse.</b>	
<b>1</b> Surname Nom	<input type="text"/>
<b>2</b> Given name Prénom	<input type="text"/> Initial(s) Initiale(s) <input type="text"/>
<b>3</b> Street address, Apt. No., R.R. or P.O. Box - Rue, N° d'app., R.R. ou Case postale	<input type="text"/>
City, Town - Ville	<input type="text"/> Province <input type="text"/>
Postal Code - Code postal	<input type="text"/>
<b>4</b> Telephone - Téléphone	<input type="text"/>

### Step 1:

Enter: Your Last Name and First Name and initials in the boxes provided, one letter per box. Please use capital letters.

### Step 2:

Enter: Your address information including the name of the city, province and postal code.

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## Step 3:

Enter: Your area code and telephone number, in the event that you need to be contacted to seek clarification on the information provided.

You have now completed Part A, Identification Information.

## Part B - Program Identification:

PART B - PARTIE B											
<b>5</b>	<p>Check off the payment(s) you now receive by cheque: Cocher le(s) paiement(s) que vous recevez présentement par chèque :</p> <p><input type="checkbox"/> Income Tax Refund Remboursement d'impôt      Social Insurance No. - N° d'assurance sociale</p> <p><input type="checkbox"/> Goods and Services Tax Credits Crédit de taxe sur les produits et services      [ ]</p> <p><input type="checkbox"/> Child Tax Benefit Prestation fiscale pour enfants</p> <hr/> <p><input type="checkbox"/> Old Age Security Sécurité de la vieillesse      Social Insurance No. - N° d'assurance sociale</p> <p><input type="checkbox"/> Canada Pension Plan Régime de pensions du Canada      [ ]</p> <hr/> <p><input type="checkbox"/> Veterans Affairs Pension or Award Pension ou indemnité d'invalidité des anciens combattants</p> <p><input type="checkbox"/> War Veterans Allowance Allocation aux anciens combattants      File No. - N° de dossier</p> <p>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</p> <p><input type="checkbox"/> Veterans Affairs Financial Benefits Les avantages financiers aux anciens combattants</p> <hr/> <p><input type="checkbox"/> Canadian Forces Pension Pension des Forces canadiennes      Pension No. - N° de pension de retraite</p> <p>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</p> <hr/> <p><input type="checkbox"/> Public Service Superannuation Pension de retraite de la Fonction publique      Pension No. - N° de pension de retraite</p> <p>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</p> <hr/> <p><input type="checkbox"/> RCMP Pension Pension de la GRC      Pension No. - N° de pension de retraite</p> <p>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</p> <hr/> <p><input type="checkbox"/> Canadian Government Annuities Les rentes sur l'état      Contract No. - N° du contrat</p> <p>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</p>										
<p>Please attach a blank cheque for your bank account with "VOID" written on it. If you don't have a chequing account, please see Part C on the back of this form.</p> <p>S.V.P. joindre une formule de chèque avec la mention « NUL » pour votre compte bancaire. Si vous n'avez pas de compte de chèques, reportez-vous à la partie C au verso de ce formulaire.</p>											
<p>For further information on Direct Deposit, please call toll-free 1-800-593-1666.</p>	<table border="1"> <thead> <tr> <th colspan="2">Example / Exemple</th> </tr> </thead> <tbody> <tr> <td>Name / Nom P.O. Box / C.P. 000 City / Ville, Canada H0H 0H0</td> <td>Cheque No. / N° de chèque 0000000</td> </tr> <tr> <td>Pay to the order of / Payez à l'ordre de</td> <td>\$ _____ Dollars</td> </tr> <tr> <td>"000"</td> <td>"00000"000</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <p><i>"Void" &lt;&lt; Nul &gt;&gt;</i></p> <p>Signature 000000"0</p> </td> </tr> </tbody> </table> <p>Pour en savoir davantage sur le dépôt direct, veuillez composer le numéro sans frais 1-800-593-1666.</p>	Example / Exemple		Name / Nom P.O. Box / C.P. 000 City / Ville, Canada H0H 0H0	Cheque No. / N° de chèque 0000000	Pay to the order of / Payez à l'ordre de	\$ _____ Dollars	"000"	"00000"000	<p><i>"Void" &lt;&lt; Nul &gt;&gt;</i></p> <p>Signature 000000"0</p>	
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"000"	"00000"000										
<p><i>"Void" &lt;&lt; Nul &gt;&gt;</i></p> <p>Signature 000000"0</p>											
<p>I, as the person entitled to receive the payment(s) indicated above, authorize the Receiver General for Canada to deposit the payment(s) directly into my account until further notice.</p> <p>En tant que prestataire du (des) paiement(s) indiqué(s) ci-haut, j'autorise le receveur général du Canada à déposer ce (ces) paiement(s) directement dans mon compte, à moins d'avis contraire de ma part.</p>											
<b>6</b>	<p>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</p> <p>Year / Année      Month / Mois      Day / Jour</p> <p><b>X</b> [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</p> <p>Signature of Applicant / Signature du (de la) requérant(e)</p> <p>Language Preference - Prêférence linguistique      <input type="checkbox"/> English - anglais      <input type="checkbox"/> français - French</p>										
<p>Do not enclose anything other than your voided cheque with this form.</p> <p>Sauf votre chèque annulé, n'inclure aucun autre document avec ce formulaire.</p>											

## **Canadian Direct Deposit Enrollment Form Completion Instructions**

Part B provides a mechanism for you to specify the payments you want deposited directly into your Canadian account. To enroll, check the appropriate box and include one of the following in the space provided: your social insurance number, file number, pension number or your contract number.

The department(s) responsible for your program(s) will use this information to match your entitlement and to issue the requested electronic payment.

### **Step 1:**

Enter: A check mark beside the appropriate program(s).

### **Step 2:**

Enter: Your social insurance number, file number, pension number or a contract number recognized by the issuing department.

### **Step 3:**

Attach a blank cheque for your bank account with 'VOID' written on it. If you don't have a chequing account, please see Part C.

### **Step 4: Signature**

You, the beneficiary must sign and date the bottom of the enrollment form. If the individual completing this form is a guardian / relative acting on behalf of the beneficiary, this enrollment information will not be considered valid without the beneficiary's signature.

You have now completed Part B, - Program Identification.

# Canadian Direct Deposit Enrollment Form Completion Instructions

## Part C - Identification of the Financial Institution:

<b>PART C - PARTIE C</b>	
<b>If you have enclosed a "voided" cheque, do not have your financial institution complete this part.</b>	<b>Si vous avez inclus un chèque avec la mention « nul », ne demandez pas à votre institution financière de remplir cette partie.</b>
<b>7</b> Branch No. - N° de la succursale <input type="text"/>	<b>8</b> Institution No. - N° de l'institution <input type="text"/>
<b>9</b> Account No. - N° de compte <input type="text"/> Name(s) of account holder(s) Nom(s), titulaire(s) du compte <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>  Financial Institution Stamp Here Cachet de l'institution ici
The information provided is protected under the Privacy Act. The information may be accessed through your program department using the Personal Information Bank number PWGSC PPU 040 listed in the Info Source publication.	Les renseignements fournis sont protégés conformément aux dispositions de la Loi sur la protection des renseignements personnels. On peut y avoir accès en utilisant le numéro de renseignements personnels TPSGC PPU 040 de la banque inscrite dans la publication Info Source.

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Part C provides specific fields for you to capture your direct deposit account information which includes the branch number, institution number, account number and the name(s) of account holder(s) to which the electronic payment is to be directed.

### Step 1:

Enter: The branch number and the institution number. One number per box please.

### Step 2:

Enter: Your bank account number one number/character per box.

### Step 3:

Enter: The name(s) of the account holder(s).

## Canadian Direct Deposit Enrollment Form Completion Instructions

### **Step 4:**

Enter: Your financial institution should stamp the form.

**Note:** The information you provide is required and collected under the authority of the Government of Canada or its agent for the purpose of enrollment in a direct deposit service. The information provided is protected under the Canadian Privacy Act and may be accessed through your program department using the Personal Information Bank number PWGSC PPU 040.

The first direct deposit may take approximately three months after receipt of your completed enrollment form.