



Ministry of  
Social  
Services

Payments are to be paid by direct deposit to your bank account. Please return this authorization form within 15 days.

Check one only:  To start direct deposit  To change direct deposit information

### Client Information

Surname	Given Names
Address	
Social Insurance Number	Case Number

### Bank Information

Name of Bank/Credit Union, etc.	Branch Address
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### DIRECT DEPOSIT INFORMATION - ACCOUNT TO WHICH BENEFITS WILL BE DEPOSITED

Please attach a current blank cheque marked "Void". The cheque must have pre-printed numbers on the bottom indicating your bank, branch and account numbers. The cheque must also be pre-printed with your

If you are not able to provide a "Void" personalized cheque, please have an authorized official at your bank complete the following:

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Branch

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Institution

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Account Number

\_\_\_\_\_  
Signature of Bank Official

\_\_\_\_\_  
Bank Stamp

### Authorization

I hereby declare that the above bank account is in my name or that I am one of the joint holders of the account. I understand that my benefits will be deposited to the above account and that once deposited I am fully responsible for those funds.

- I am aware that:- monies in a bank account are subject to seizure by creditors,
- I am responsible for ensuring the deposit is made in my bank account before writing cheques,
  - I am responsible for any bank service charges,
  - I am responsible for notifying my worker if my benefits are not deposited to my account.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

### For Office Use Only

\_\_\_\_\_  
Signature of Financial Services Branch

\_\_\_\_\_  
Date

Forward completed form to Community Resources, Financial Services Branch, Suite 900, 1920 Broad Street, Regina, SK S4P 3V6 or fax to (306) 798-0256.