

Financial Information System
PAYMENT & FINANCIAL TRANSACTION AUTHORIZATION
"INDIVIDUAL"

PLEASE PRINT CLEARLY

Identification: (required for notification and verification purposes)

| | | |
|----------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------|
| First Name _____ | Middle Name _____ | Social Insurance No. (SIN) _____ (required for taxable payments) |
| Last Name _____ | (Title- e.g. Mr., Ms., Dr., etc.) _____ | Government Services No.(GSN) _____ |
| Address _____ _____ _____ | | (if available – located at top right of cheque stub) |
| City, State/Province/Territory, Postal/Zip Code _____ | | |

Bank Account information: Information completed below must be the same as bank account information on the voided cheque when attached.

We CANNOT accept VISA Chequing Accounts or Personal Line of Credit Chequing Accounts.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------|
| Name of Financial Institution _____ | | |
| Branch Address _____ | | |
| Institution Number _____ | Branch Number _____ | Account Number _____ |
| Select Method of Payment Notification: (select only one option below) <input type="checkbox"/> Mail (to address at top of page) <input type="checkbox"/> Fax (at number below) <input type="checkbox"/> E-mail (at address below) | | |
| Phone No. _____ () _____ | Fax No. _____ () _____ (Must be a dedicated Fax Machine) | E-Mail Address _____ |

PLEASE ENCLOSE A PERSONALIZED BLANK CHEQUE MARKED 'VOID' OR IF YOU DON'T HAVE A CHEQUING ACCOUNT, HAVE YOUR FINANCIAL INSTITUTION COMPLETE THE SECTION BELOW. A PHOTOCOPY OF THE TOP PORTION OF A BANK STATEMENT OR PASSBOOK WILL ALSO BE ACCEPTED.

| | | |
|---------------------------------------------------------|------------------------|-------------------------------------|
| Institution Number _____ | Branch Number _____ | Account Number _____ |
| Name(s) of account holder(s) _____ _____ _____ | | Financial Institution Stamp Here |

Authorization:

I, as the person entitled to receive the payment(s), authorize the Government of the Northwest Territories to deposit into my account the payment(s) entitled to me, until further notice. This information will also be used to record and issue any other financial transactions or documents through the Financial Information System such as billings, billing and payment statements, past-due notices and taxable benefit reports. I understand and agree to the Terms and Conditions listed on the back of this form.

Signature

Date

PRIVACY STATEMENT

The Government of the Northwest Territories (GNWT) is committed to respecting the personal privacy of individuals. All of the personal information you provide is protected by the *Access to Information and Protection of Privacy Act*. This means that, at the point of collection, you will be informed that your personal information is being collected, the purpose for which it is being collected, and you will be provided with contact information should you have questions about the information collected. This also means that your personal information will be protected from unauthorized access, collection, use, disclosure or disposal.

The use of any personal information by the GNWT or public agency will be limited to the uses identified at the time it was collected, however, any record that is in the control of the GNWT or public agency **may** be subject to disclosure, pursuant to the Access to Information and Protection of Privacy Act. Any disclosure not related to the purpose for which the information was collected, will be handled in accordance with the requirements of the Access to Information and Protection of Privacy Act to ensure the greatest protection of your personal privacy in the face of any required disclosure.

Terms and Conditions

- This authorization is not an assignment of any right to receive payment and revokes all prior payment direction notifications applicable to these payments.
- This authorization may be cancelled or changed at anytime with the submission of another authorization form.
- Any direct deposit arrangement may be terminated at any time by the GNWT or the named financial institution.
- The information contained in this application form will be compiled and included in the GNWT's *Financial Information System* database. The information in the database will only be accessed by employees of the GNWT, or agencies of the GNWT, who require the information to provide payments or correspondence. No personal information, other than the information now provided, will be included in the *Financial Information System* database.
- The information collected by the GNWT and included in the *Financial Information System* database can be accessed and verified, and if necessary corrected, by the person the information concerns. Arrangements for review can be made by contacting *Government Accounting* at the following address:

GSN Administrator
FMBS, Government Accounting
Government of the NWT
PH: (867) 920-8913
FAX: (867) 920-4357
Email: GSNAdmin@gov.nt.ca

More Information

- Complete this form if you would like to make any changes to your personal information and/or if you wish to apply for direct deposit service.
- **Incomplete forms will be returned** with a notice requesting that the missing information be provided before any payment can be processed.
- If we cannot deposit your payment(s) to your account, we will mail a cheque to you at the address we have on file.
- Mail or drop-off your completed form (**original only**) to the following address:

GSN Administrator
Financial Management Board Secretariat
Government of the NWT
Bag 4520
Laing 4 - Government Accounting
5003-49th St.
Yellowknife, NT X1A 2R3