

RECIPIENT ELECTRONIC PAYMENT REGISTRATION REQUEST

DEMANDE D'ADHÉSION DU BÉNÉFICIAIRE AU PAIEMENT ÉLECTRONIQUE

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Guideline on Completing the **Recipient Electronic Payment Registration Request Form**

INTRODUCTION

Canada

Recipients now have the option to receive payments from the Department of Justice Canada (DOJ) by cheque or by electronic payment. If you choose to sign up for electronic payments please print and complete the Recipient Electronic Payment Registration Request form. Please note, electronic payments will be made in Canadian dollars and can only be deposited into Canadian bank accounts.

There are two electronic payment modes available:

- 1. Direct Deposit (DD) Once payments are deposited, DOJ will send the following information by e-mail: amount of payment, date of payment, invoice number, DOJ reference number, and brief description of the payment. This e-mail notification will act in lieu of a cheque stub.
- 2. Electronic Data Interchange (EDI) To enrol in EDI you must contact your financial institution to ensure that the account is EDI-capable. There may be a fee for this service, as the financial institution notifies its clients according to its own criteria.

Changes to bank account used

If you wish to make any changes to the bank account used for payments (change of address, financial institution, branch, account number, etc.) you must complete a new Recipient Electronic Payment Registration Request form. When you request one of these changes, DO NOT CLOSE the present account until you receive your payment in accordance with that change.

COMPLETING OF FORM

There are three sections of the Recipient Electronic Payment Registration Request form that must be completed by the recipient.

1 - TYPE OF REQUEST

Please complete this section by filling out one of the three request types described below.

New request

If you choose to sign up for electronic payments with DOJ, please check the "New request" box and indicate which mode of payment you wish to use: DD or EDI.

Change

If you are already registered for electronic payments with DOJ, however, wish to modify your banking information or mode of electronic payment, please select the "Change" box and mark all other boxes that apply to your change request.

Cancellation

If you wish to opt out of the DOJ's electronic payments and return to receiving payments by cheque, you must select the "Cancel" box and complete only the second section of the form.

2 - RECIPIENT INFORMATION AND AUTHORIZATION

This section must be completed, signed and dated by the appropriate person (or persons) in order to authorize the electronic payment enrolment request, or to modify or cancel electronic payments.

If the recipient is an individual

Please enter your name, address and telephone number AS WELL AS AN E-MAIL ADDRESS so that DOJ can send e-mail notices and confirm receipt of payment. Also, you must sign the form in this section in order to authorize your request.

If the recipient is an organization

Please enter the name and address of your organization and make sure to complete the "Name of payment contact" field with the name of the contact person from your organization. Please also include the contact person's telephone number AND E-MAIL ADDRESS so that DOJ can send e-mail notices and confirm receipt of payment.







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Also, authorized representative(s) must include their name, position, telephone number and signature, in order to authorize the request.

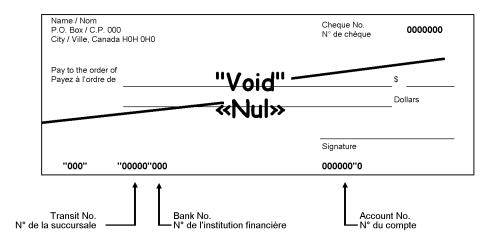
This section allows for up to two people to sign the form, in cases where the recipient requires two signatures for authorization, to receive, modify or cancel electronic payments.

3 - BANKING INFORMATION

Canada

If you attach a void cheque

Please attach a void cheque and complete fields 1, 2, 3 and 4 of this section. The void cheque must be from the account you wish to use for electronic payments. A sample of a void cheque is provided below identifying where the transit, bank and account numbers are located.



If you do not attach a void cheque

If you do not provide a void cheque, the financial institution must validate the banking information by completing fields 5, 6 and 7 of the form. The financial institution must provide the name, address and telephone number of the financial institution, bank stamp and sign the form.

4 - FOR DEPARTMENT OF JUSTICE CANADA ONLY

This section is strictly reserved for DOJ's use only.

SENDING YOUR REQUEST TO THE DEPARTMENT OF JUSTICE CANADA

Please send the duly completed form with **original signature(s)** to the following address:

Chief, Accounting Services Room 1263, East Memorial Building Department of Justice Canada 284 Wellington Street Ottawa, Ontario K1A 0H8

Please write the following on the envelope: "To be opened by addressee only'."





Canada



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Your personal information are requested and compiled by the Department of Justice Canada for the purpose of administering the electronic payment program. The information is mandatory in the case where a Recipient decides to participate in the program. This information will be protected and used in conformity with the *Privacy Act*. Under the *Privacy Act*, each Recipient has access to their personal information and has the right to demand any modification. These information will be maintained by the Department of Justice.

IMPORTANT	 Must be a Canadian recipient holding a bank account in Canadian \$. For Electronic Data Interchange (EDI), compliancy must be confirmed by your financial institution and you may be charged EDI service fees. Note that Direct Deposit payments carry no stub information. 								
1 - TYPE OF R	EQUEST								
New request	➡ ☐ Direct Deposit (I	DD)	ectronic Data Interchange (EDI)						
Change	➡ ☐ from Direct Depo	to banking information (provide a new blank cheque) from Direct Deposit (DD) to Electronic Data Interchange (EDI) from Electronic Data Interchange (EDI)							
Cancel electro	onic payment and revert								
2 - RECIPIENT	INFORMATION AND	AUTHORIZATION							
Name of Organiz	zation or Name of Individu	al (recipient)							
Address			Name of Payment Con	Name of Payment Contact (please print)					
City			Telephone	Fax					
Province		Postal Code	E-mail for Payment No	tifications (please print)					
Name(s) and Titl	e(s) of Authorized Repres	entative(s) and Signatory(ies), f	or organizations only (please pro	int) Telephone					
Loo on outhori-	rad rapropostative of the	have mentionned ergonization	or an an individual antitlad to ray	acive performent from the Cover	rement of Canada				

I, as an authorized representative of the above mentionned organization or as an individual entitled to receive payment from the Government of Canada, authorize the Receiver General for Canada to deposit the payment directly into the account below and to receive payment advices electronically until further notice.

Signature	Date	Signature					
3 - BANKING INFORMATION							
Please attach a blank cheque from your	r bank account with "Void" written on it a	nd complete fields 1, 2, 3 and 4 below with your banking information.					
1 Branch Number (transit) 2 Fi	inancial Institution Number	4 Name(s) of Account Holder(s)					
3 Account Number							
If you do not attach a void cheque, your financial institution must confirm your banking information by completing fields 5, 6 and 7 below.							
5 Financial Institution Name, Address	and Telephone Number	Financial Institution Stamp					
6 Signature of Financial Institution Re	epresentative						
4 - FOR DEPARTMENT OF JUSTICE CANADA ONLY							
PROCESSED BY	e (please print)	Vendor Code					

Signature				Date	
VERIFIED BY Payment Method Changed	•	Name (please print)	Signature		
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Date

