# Guideline on Completing the Recipient Electronic Payment Registration Request Form

### INTRODUCTION

The Government of Canada has announced that direct deposit is replacing cheques as the method of payment. As a result, the Department of Justice is asking your organization to sign up for direct deposit by completing the Recipient Electronic Payment Registration Request form.

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.

### 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.



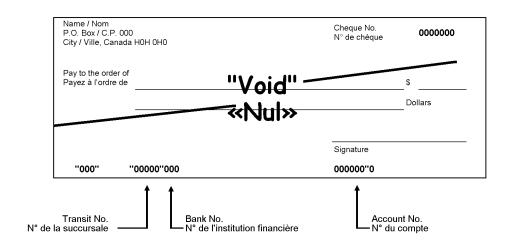
Also, authorized representative(s) must include their name, position, telephone number and signature, in order to authorize the request.

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

#### 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:

### For Goods and Services Suppliers

Chief, Accounting Services Room 23, East Memorial Building Department of Justice Canada 284 Welligton Street Ottawa, Ontario K1A 0H8

# For Grants and Contributions

Manager, Grants and Contributions Financial Services Room 6250, East Memorial Building Department of Justice Canada 284 Welligton Street Ottawa, Ontario K1A 0H8

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



Protected B

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.

nas the right to de					annamed by the Dep	artificiti di Justit	JC.	
<ul> <li>IMPORTANT</li> <li>→ Must be a Canadian recipient holding a bank account in Canadian \$.</li> <li>→ For Electronic Data Interchange (EDI), compliancy must be confirmed by your financial institution and you may be charged EDI service fees.</li> <li>→ Note that Direct Deposit payments carry no stub information.</li> </ul>								
1 - TYPE OF REQ		тест Бероз	sit payments	carry no stub imorni	ation.			
New request →	_	posit (DD)		Electro	nic Data Interchange (EDI)			
Change   to banking information (provide a new blank cheque)  from Direct Deposit (DD) to  Electronic Data Interchange (EDI)  from Electronic Data Interchange (EDI)  from Electronic Data Interchange (EDI)								
2 DECIDIENT INI	EODMATION		THORIZAT	TON				
2 - RECIPIENT INFORMATION AND AUTHORIZATION  Name of Organization or Name of Individual (recipient)								
Address				Name of Daymant	Contact (places p	rint)		
Address					Name of Payment Contact (please print)			
City					Telephone		Fax	
Province				Postal Code	E-mail for Payment	Notifications (please print)		
Name(s) and Title(s) of Authorized Representative(s) and Signatory(ies), for organizations only (please print)							Telephone	
I, as an authorized authorize the Receinotice.	representative ver General for	of the abov r Canada to	ve mentionne o deposit the	ed organization or as payment directly int	an individual entitled to the account below an	o receive payment and to receive payment	from the Gove ent advices ele	ernment of Canada, ectronically until further
Signature				Date Signature				
3 - BANKING INFO		vour hank	account with	"Void" written on it :	and complete fields 1, 2	3 and 4 helow wi	ith vour hankin	g information
					4 Name(s) of Accoun		The your barnari	
Branch Number (transit)  2 Financial Institution Number					rvanic(3) of Account	r riolder(3)		
3 Account Number								
		1 1	1 1 1	1				
If you do not attach a	void cheque,	your financ	cial institution	must confirm your l	panking information by	completing fields 5	5, 6 and 7 belov	W.
5 Financial Institution	on Name, Addr	ess and Te	elephone Nu	mber	Financial Institution Stamp			
6 Signature of Fina	ancial Institution	n Represe	ntative					
4 - FOR DEPART	MENT OF JI	ISTICE C	ANADA O	VI Y				
4 - FOR DEPARTMENT OF JUSTICE CANADA ONLY  PROCESSED BY  Name (please print)						Vendor Code		
Signature						Date		
VERIFIED BY ☐ Payment Method Changed  Name (please print)					Signature			

JUS 778e-4 (2013/12) p. 3

