

## REQUEST FOR DIRECT DEPOSIT PERIODIC PAYMENTS

*If you change bank accounts, make sure that you do not close your previous account until your pension is deposited in your new account.*

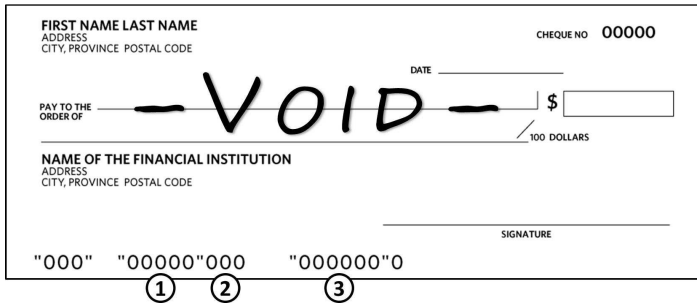
Please **print clearly**. Return the duly completed **original form** and keep a copy for your records.

**SECTION 1 – PERSONAL INFORMATION**

Last name	First name and initials		
Address (civic number, street name and apartment number)			
City	Province	Postal code	Country
Telephone number	Employee number or other identification number		

**SECTION 2 – INFORMATION ON BANK ACCOUNT**

*If you have personalized cheques on which your name, address and full account number are printed, please enclose a blank cheque with this application, making sure to write the word "VOID" across the cheque.*



- 1: Branch number
- 2: Financial institution number
- 3: Account number

*If you do not have personalized cheques, please provide the following information, using the example above as a reference:*

Branch number	Financial institution number	Account number
Name of the financial institution		Telephone number
Address of the financial institution		

**SECTION 3 – AUTHORIZATION**

I hereby authorize my monthly pension payments to be deposited to my bank account starting on the date indicated below.

Date as of which the deposit can start (YYYY MM DD):

Signature	Date (YYYY MM DD)