



Direct Deposit made easy

Complete this Direct Deposit Form and present it to your employer's payroll department or to your pension provider. It's that easy!

Accountholder Name(s): _____

Employee Number: _____

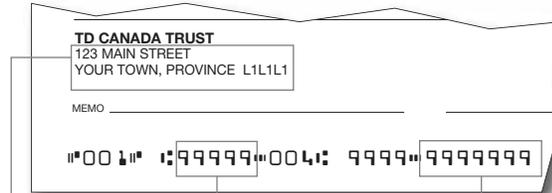
Address: _____

City: _____

Province: _____

Postal Code: _____

Look at the bottom of your personal cheque to find this information:



Branch Address: _____

Transit No. _____

Inst. No. _____

Account No. _____

_____ | **0 0 4** | _____

Your transit number will be either 4 or 5 digits.

Please accept this document as my authorization to set up a new Direct Deposit for the following:

Please indicate which apply: Payroll Deposit Benefit/Pension RIF/LIF/LRIF Annuity Other

Please sign here	Customer Signature(s)	Date
	X	D D M M Y Y Y Y
	Customer Signature(s)	Date
	X	D D M M Y Y Y Y