



## Authorization and Direction Request

Participant Name: \_\_\_\_\_

Participant Agreement Number: \_\_\_\_\_

Client Services Officer: \_\_\_\_\_

I, the undersigned participant who is receiving funds through Employment and Training Services with the Department of Jobs, Growth and Rural Development and entered into an agreement on \_\_\_\_\_ between myself and the Government of Newfoundland and Labrador, hereby authorize and direct the Province to mail directly to \_\_\_\_\_ the sum of \$\_\_\_\_\_, which represents all or part of the contribution provided to me through the agreement for employment and training costs.

Dated this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Client Service Officer

\_\_\_\_\_  
Participant

**Note: Payee must be set up in FMS in order for funds to be redirected to them.**