



REQUEST FOR PAYMENT BY DIRECT DEPOSIT

Payee Name: _____

Mailing Address: _____

Telephone #: _____

Information for Direct Deposit

I wish to have my payment deposited electronically into a bank account designated by me.

Signature _____

Date _____

Please attach a cheque marked "VOID" to support the information. If this is not possible, please have an official from your financial institution verify your account information and sign below.

Bank or Financial Institution: _____

Branch Address: _____

Bank Telephone #: _____

TRANSIT # ☐ ☐ ☐ ☐ ☐ ID # ☐ ☐ ☐

ACCOUNT # ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Signature of Official _____

Date _____

CLIENT INFORMATION

Name: _____

Case #: _____

Residential Address: _____

District Office: _____

Please return this form to:

Department of Social Supports and Well-Being
Document Processing Unit
P.O. Box 8790, Confederation Building
St. John's, NL A1B 5E4

Fax#: 729-2641 email: incomesupport@gov.nl.ca