



## 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](mailto:incomesupport@gov.nl.ca)**

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