

DIRECT DEPOSIT ENROLMENT FORM

Please print clearly and in block letters. Do not use this form to provide change of address information. Do not enclose anything other than your void cheque with this form.

PART A - Applicant's Identification Information

Business / Individual

Address

City/Town Province

Postal Code Telephone No.

E-Mail

PART B - Banking Information (Canadian Financial Institutions only)

IMPORTANT: Complete Part B or attach a blank cheque with "VOID" written on it.

Financial Institution No. Branch Number

Account No.

Name(s) of Account Holder(s)

Financial Institution Stamp
(required if no void cheque attached)

PART C - Consent

I/We authorize NLHC to credit my/our bank account, indicated above

I/We will notify NLHC promptly in writing if I/We move the account from one bank or branch to another or if there are any other changes in the account.

I/We understand that the Bank is not responsible to verify whether these payments are properly credited to my/our account.

I/We understand that the information provided is being collected for the purpose of administering NLHC programs. This information will only be disclosed to NLHC personnel who need the information to carry out the responsibilities of their job, and to other organizations who may need to be contacted in order to process this form. Statistics on NLHC programs will be reported at the provincial/regional level and will not personally identify individuals. Section 61(c) of the Access to Information and Protection of Privacy Act (ATIPPA) authorizes NLHC to collect personal information that "...relates directly to and is necessary for an operating program or activity of the public body."

I, the undersigned, have read the consent to the collection, use and disclosure of my personal information as described therein.

Date (YYYYMMDD)

Signature

Scan or Mail the completed form to the following address:

**NLHC
PO Box 220
2 Canada Drive
St John's, NL
A1C 5J2**

E-mail: eftsetup@nlhc.nl.ca

Until your direct deposit information has been updated, you will continue to be paid by cheque or direct deposit to the bank account currently on file.

To update your banking information in the future, please complete a new direct deposit enrolment form.

Please do not use this form to provide change of address information. To change your address information, please contact the department that issues your payments.

Part A - Applicant's Identification Information

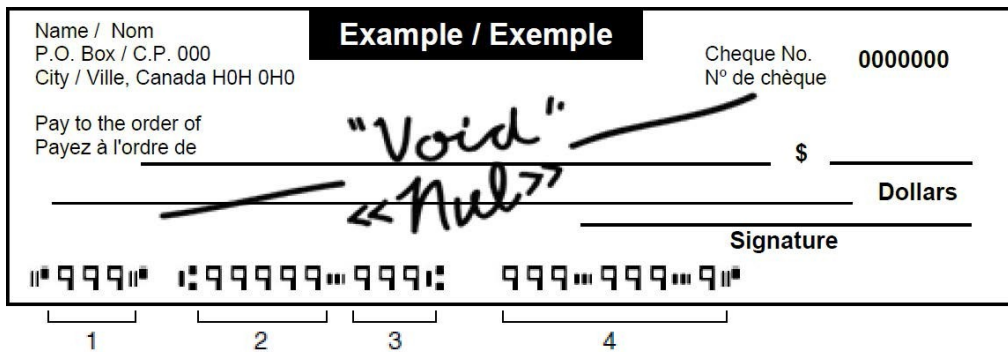
Fill in the BUSINESS OR INDIVIDUAL name, as well as the full address, telephone number and valid email address of the applicant in the fields provided. All fields are mandatory.

Part B - Banking Information

This form can only be used for direct deposit payments destined for domestic (Canadian) bank accounts that use standard routing information, i.e., a Branch Number, Institution Number and Account Number.

Instead of filling in Part B, a blank cheque with the word "VOID" written across the front can be attached to this form - see example below. This cheque must be associated with the Canadian bank account into which the payments are to be deposited. Do not enclose anything other than a void cheque with this form.

If completing Part B of this form, account routing information can be obtained from the financial institution into which direct deposit payments are to be made. These details can also be found on a cheque associated with that bank account. Your financial institution must stamp this section to verify that the correct banking details have been entered if no void cheque is attached.



- 1. Cheque number - not required.
- 2. Branch number - 5 digits.

- 3. Institution number - 3 digits.
- 4. Account number - minimum 7 digits

Part C – Consent

Date and sign the form in order for it to be processed. By signing, you confirm that you have read and agreed with the consent statement on the form.