



REQUEST FOR DIRECT DEPOSIT OF PENSION PAYMENTS TO A SAVINGS ACCOUNT

1: MEMBER INFORMATION

First Name	Last Name	Employee ID	
Street Address			
City	Province	Postal Code	Telephone

2: INSTITUTION INFORMATION

Institution # (3 digits)	Transit # (5 digits)	Account Number	
Financial Institution Name			
Street Address			
City	Province	Postal Code	

3. BRANCH VERIFICATION

Name of Authorized Officer (please print)	Title of Authorized Officer
Signature of Authorized Officer X	Date (yyyy-mm-dd)
Member Signature X	Date (yyyy-mm-dd)

4. STAMP VERIFICATION

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NOTE: If you prefer deposits to be made to your chequing account, we only require a void cheque.