



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: FINANCIAL INSTITUTION INFORMATION			
Institution # (3 digits)	Transit # (5 digits)	Account Number	
Financial Institution Name			
Street Address			
City		Province	Postal Code
Telephone			
3. FINANCIAL INSTITUTION BRANCH VERIFICATION			
Stamp			
Name of Authorized Officer (please print)		Title of Authorized Officer	
Signature of Authorized Officer X		Date (yyyy-mm-dd)	
4. MEMBER AUTHORIZATION			
Member Signature X		Date (yyyy-mm-dd)	

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