Ministry of the Attorney General

Ministère du Procureur général

Office of the Public Guardian and Trustee Accountant of the Superior Court of Justice

Bureau du Tuteur et curateur publique Comptable de la Cour supérieure de justice



Application for Direct Deposit

INSTRUCTIONS

- · Complete Section A.
- Attach to Section B a blank personalized cheque/deposit slip with "VOID" written on it or have Section B completed by
 your financial institution if you do not attach a voided personalized cheque/deposit slip (please ensure the bank official
 signs and dates Section B where indicated).
- FOR ALL FOREIGN ACCOUNTS, THE BANK OFFICIAL MUST COMPLETE SECTION B.
- Sign and date Section C. The original signed form must be sent to the Accountant.

SECTION "A" – Client Identification

PLEASE PRINT CLEARLY				
Last name		First Name		Middle Initial
Address (Street Number and Name/Apartr	ment Number)			
City/Town	Province		Country	
Postal Code	I	Home Telephone Numb	per (Including Area Code)	
SECTION "B" – Banking Information • FUNDS CANNOT BE DEPOSITED IN		OUNT		
Branch Number	Institution Number		Account Number	
Bank Identifier Code (BIC) Name and Address of Financial Institution (E.G. BANK STAN		ccount Number (IBAN) MP)	Account Type Savings Chequing Other	
Bank Official's Signature and Position (PRINT NAME AND TITLE) Date				
SECTION "C" – Client Authorizat				
I authorize direct deposit of my trust funds charges.	into the above-des	signated account and ag	ree to pay all applicable b	ank service
Client Signature		_		Date