



PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THE FORM

- CIRNAC
- ISC
- CanNor

### DIRECT DEPOSIT REQUEST EXTERNAL APPLICANTS

#### Privacy Statement

The collection, use and disclosure of your personal information is required for your participation in the Direct Deposit Initiative and authorized by program specific legislation. We will collect, use, disclose and protect your personal information in accordance with the *Privacy Act* for payment purposes and uses judged to be consistent with that purpose. In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the *Privacy Act*. Should you decide not to provide the personal information requested, we will not be able to provide you with the service, program or funding requested. The personal information collected under this initiative is referenced in Personal Information Bank PSU 931. You have the right to access personal information that we hold about you and to request correction of erroneous personal information about you. Should you wish to do so, please write to the Director of Access to Information and Privacy at the following address: Access to Information and Privacy, 10 Wellington Street, 18 Floor, Section A, Ottawa, ON K1A 0H4. You may also write by email at [aadnc.atip-aijrp.aandc@canada.ca](mailto:aadnc.atip-aijrp.aandc@canada.ca). To inquire about applicable legislative authority or to withdraw participation from this program, please contact your Regional Office or Public Enquiries at 1-800-567-9604. If you require clarification about this *Privacy Act* Statement, please contact our Access to Information and Privacy Office at 1-819 997-8277. Please note that you have a right to file a complaint to the Office of the Privacy Commissioner of Canada regarding our handling of your personal information. To do so, please contact the Privacy Commissioner at 1-800-282-1376.

<input type="radio"/> New	<input type="radio"/> Change *	<input type="radio"/> Cancellation	<input type="radio"/> Exempt	Exception Number:
* When you request one of these changes, <b>DO NOT</b> close your present deposit account until you receive your payment in accordance with that change.				<input type="checkbox"/> General Account <input type="checkbox"/> Trust Funds Account (TFMS) <input type="checkbox"/> Specific Claims

1. Registered Name on the Account (Maximum 44 characters)

2a. Business No. (Federal) (Required only for certain entities. See requirements/Instructions Button)	2b. Social Insurance Number (SIN) (Required only for certain entities. See requirements/Instructions Button)
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or

3. Street Address, Apartment Number, Rural Route or Postal Box

4. City/Town	5. Province/Territory	6. Postal Code
7. Contact Person	8. Title	
9. Email Address (for payment notification)		10. Telephone Number

- Banking information is applicable ONLY to this business address.
- Banking information is applicable to OTHER business addresses, extra page is included.

**I certify that the above information is accurate and complete and that I have signing authority for the provided account.  
I authorize the Receiver General for Canada to deposit the payment(s) directly into the provided account until further notice.**

Applicant	
Signature  <b>X</b>	Date (YYYYMMDD)
Government of Canada - Regional Contact	



### IMPORTANT

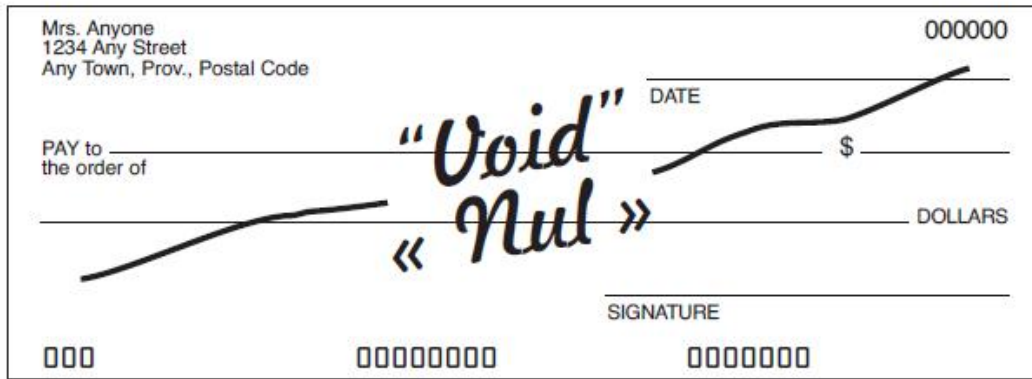
Please attach a VOIDED cheque or an attestation from the bank with your request form.

Return the completed form in a secure envelope to the officer who provided it to you or to:  
Manager, Corporate Accounting, Government of Canada, 10 Wellington, Room 1139, Ottawa, ON. K1A 0H4.

An amount of **\$2.01** will be deposited in your account in order to confirm the banking information.

**Please confirm the reception of the deposit at the following address: [aadnc.depotdirect-directdeposit.aandc@canada.ca](mailto:aadnc.depotdirect-directdeposit.aandc@canada.ca).**

Until your completed form has been processed, you will continue to be paid by cheque. For more information, see above button the "View Instructions".



#### Corporate Accounting Use Only

Vendor Number		
Date (YYYYMMDD)	By Name	
Received in Corporate Accounting		
Entered in Standard Payment System (SPS)	<input type="checkbox"/> 40 CIRNAC	<input type="checkbox"/> 40 ISC
	<input type="checkbox"/> 46 CIRNAC	<input type="checkbox"/> 47 ISC
	<input type="checkbox"/> 78 CANNOR	
Entered in SAP		
Approved in Standard Payment System (SPS)	<input type="checkbox"/> 40 CIRNAC	<input type="checkbox"/> 40 ISC
	<input type="checkbox"/> 46 CIRNAC	<input type="checkbox"/> 47 ISC
	<input type="checkbox"/> 78 CANNOR	
Test Initiated		
Test confirmed by Vendor		
Confirmed in Standard Payment System (SPS)	<input type="checkbox"/> 40 CIRNAC	<input type="checkbox"/> 40 ISC
	<input type="checkbox"/> 46 CIRNAC	<input type="checkbox"/> 47 ISC
	<input type="checkbox"/> 78 CANNOR	
Enable in SAP		