



REQUEST FOR PAYMENT BY DIRECT DEPOSIT

Payee Name:
Mailing Address:
Telephone #:

Information for Direct Deposit

I wish to have my payment deposited electronically into a bank account designated by me.

Signature Date

Please attach a personal cheque marked "VOID" to support the information. If this is not possible, have an official from your financial institution verify by stamping and signing.

Bank or Financial Institution:
Branch Address:
Bank Telephone #:

TRANSIT # ID #

ACCOUNT #

Signature of Official Date

CLIENT INFORMATION

Name: Case #:
Residential Address: District Office:

Please return this form to:
Department of Human Resources, Labour and Employment
Document Processing Unit
P.O. Box 8790, Confederation Building
St. John's, NL A1B 5E4