



DIRECT DEPOSIT ENROLMENT REQUEST

for Companies, Organizations, Individuals or Sole Proprietors

Please print clearly and complete all fields. Please keep the appropriate federal government department informed of any change to your mailing address and/or banking information. A signature must be provided.

PART A - Identification Information

1 Legal name of Company, Organization, Sole Proprietor OR Individual

2 Business/HST Number for companies, organizations and sole proprietors

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9 Digits – ex. 123456789

or

Social Insurance Number (SIN) for Individuals only

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9 Digits – ex. 123456789

A SIN is **NOT** required for client reimbursements. Check this box if applicable.

3 Remittance address, Street, Apt. No., R.R. or P.O. Box

City, Town Province Postal Code

4 Contact Telephone (with ext.)

5 E-mail address (Required for payment details)

PART B - Banking Information

Complete Part B or attach a blank cheque with « VOID » written on it. If you do not have a void cheque, please see Part D on page 2 for acceptable alternatives.

Branch No. Institution No.

Account No.

Name(s) of Account Holder(s)



Financial Institution Stamp – required if no void cheque is attached
The information provided is protected under The Privacy Act.

PART C - Consent

I, on my own behalf or as a properly authorized individual for this organization, in lieu of receiving a cheque, hereby authorize the Receiver General for Canada to issue future payments electronically to the banking information provided.

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Year Month Day

X
Signature of Applicant

PART D - Instructions

Void Cheque Sample:

ACCOUNT HOLDER NAME STREET ADDRESS CITY, PROVINCE, POSTAL CODE	DATE _____	001
VOID		
PAY TO THE ORDER OF _____	\$ _____	100 DOLLARS
BANK NAME BANK STREET ADDRESS BANK CITY, PROVINCE, POSTAL CODE		
☐☐☐☐☐☐	☐05550	☐☐☐☐☐☐
Cheque No.	Branch No.	Institution No.
		☐27864
		☐82178
		Bank Account No.

Acceptable alternatives to a void cheque or stamped direct deposit form:

1. Account details that have been printed from an online banking site. (Please note some banks may only offer online fillable forms. These would only be accepted when stamped by the financial institution).
2. A letter from the bank or financial institution with bank account information.

If you have received payments from Health Canada or the Public Health Agency of Canada in the past, please forward your completed form to:

sac.paiementsprincipedejordancb-bcjordansprinciplepayments.isc@canada.ca

or by **Fax** to 604-775-7149

or by **regular mail** to:

Accounting Operations West
300 - 391 York Ave.
Winnipeg, Manitoba
R3C4W1

If you are a new client and have yet to receive your first payment from Indigenous Services Canada, please forward your completed form to your program contact.

Starting up

Within 10 business days of receipt of the completed Direct Deposit Enrolment Request Form by Indigenous Services Canada, direct deposit will become the default payment method for all future payments. Please note: You may be contacted for additional information.

Need help with this form?

For information about direct deposit enrollment, please email hc.vendor.codes.west-ouest.code.des.fournisseur.sc@canada.ca. You can also contact your financial institution for assistance.