



**ELECTRONIC DEPOSIT
OF MONTHLY PENSION CHEQUE**

Pensioner Name: _____
Social Insurance Number: _____
Address: _____ _____
Phone Number: _____

ATTACH A PERSONALIZED VOID CHEQUE

Please attach a **PERSONALIZED VOID CHEQUE**. Generic cheques will not be accepted. If you **DO NOT** have a "personalized" cheque to provide, please have your Bank complete the next section of this form.

CANNOT PROVIDE A PERSONALIZED VOID CHEQUE?

If you are providing information for a "savings" account or cannot provide us with a "personalized" void cheque, please have your bank complete and sign this section:

INSTITUTION NUMBER: _____ (3 digits)
TRANSIT NUMBER: _____ (5 digits)
ACCOUNT NUMBER: _____ (5 to 11 digits)
ACCOUNT TYPE: CHEQUING SAVINGS

BANK CERTIFICATION OF ACCOUNT

I certify that the following account information is registered at our Institution under the name of the person identified at the top portion of this form.

Bank Employee Name: _____ (please print)
Signature: _____
Date: _____ Telephone Number: _____

PENSIONER AUTHORIZATION

Pensioner Signature: _____
Date: _____