Direct Deposit Authorization

Regional Office Date Stamp

Indicate either:
☐ **Start** direct deposit or
☐ **Change** direct deposit information

PROGRAM (both if necessary):
☐ Income Assistance (IA)
☐ Child and Family Programs (CFP)

Applicant Information

Last Name	First Name(s)
Mailing Address	
Case Number (IA) or Provider Number (CFP)	Date of Birth (Month/Day/Year) **required if case number is unknown*

Bank Information

Name of Banking Institution	Bank (Branch) Address

DIRECT DEPOSIT ACCOUNT INFORMATION - Please attach a current **blank cheque marked "VOID"**. The cheque must have your name and address pre-printed **and** the numbers indicating your bank, branch, and account.

If you are **not able to provide a "VOID"** personalized cheque, **you are required to take this form to your bank** and have a bank official complete the following. *** **Both the bank signature and bank stamp are required.**

Branch	Institution	Account Number

Teller Stamp

Signature of Bank Official **AND** Bank Stamp

Authorization

I hereby declare that the above bank account is in my name, or that I am one of the joint holders of this account, and that I authorize direct deposit to this designated account. I understand that monetary funds will be deposited to the above account and that once deposited I am fully responsible for those funds.

If receiving monetary funds with **Child and Family Programs**, I understand that this agreement may be cancelled at any time by me or the Government of Saskatchewan by written notice.

If receiving **Income Assistance** benefits, I am aware that:

- Monies in a bank account are subject to seizure by creditors,
- I am responsible for ensuring the deposit is made in my bank account before writing cheques;
- I am responsible for any bank service charges;and
- I am responsible for notifying my worker if my benefits are not deposited to my account.

Applicant Signature

Date

For office use only

Entered by

Verified By