



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 cheque marked "VOID" to support the information. If this is not possible, please have an official from your financial institution verify your account information and sign below.

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 Advanced Education, Skills and Labour
Document Processing Unit
P.O. Box 8790, Confederation Building
St. John's, NL A1B 5E4 Fax#: 729-2641