

Ministry of the Attorney General

Office of the Public Guardian and Trustee Accountant of the Superior Court of Justice

Section "A" - Client Identification

Ministère du Procureur général

Bureau du Tuteur et curateur publique Comptable de la Cour supérieure de justice

Application for Direct Deposit

INSTRUCTIONS

- · Complete Section A.
- Attach to Section B a blank personalized cheque/deposit slip with "VOID" written on it or have Section B completed by your
 financial institution if you do not attach a voided personalized cheque/deposit slip (please ensure the bank official signs and
 dates Section B where indicated).
- FOR ALL FOREIGN ACCOUNTS, THE BANK OFFICIAL MUST COMPLETE SECTION B.
- Sign and date Section C. The original signed form must be sent to the Accountant.

Please print clearly				
Last Name		First Name	Middle Initi	
Address (Street Number and Name/Apartm	ent Number)		I	
City/Town	Province	3	Country	
Postal Code	Home Telephone Number (Inclu		uding Area Code)	
Section "B" - Banking Information				
· Funds cannot be deposited int	ο a joint accoι	ınt		
Branch Number	Institution	on Number	Account Number	
Bank Identifier Code (BIC)	Int'l Bank Account Number (IBAN)		Account Type Savings	
Name and Address of Financial Institution (E.G. BANK STAMP)			Chequing Other	
Bank Official's Signature and Position (PRINT NAME AND TITLE)			Date	
Section "C" - Client Authorization				
I authorize direct deposit of my trust funds charges.	into the above-des	ignated account and agree to p	ay all applicable bank service	
Client Signature		Date		
Beneficiary Name		Beneficiary	Beneficiary Account Number	