|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ministry of the Attorney General**  Office of the Public Guardian and Trustee  Accountant of the Superior Court of Justice | | | | **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. | | | | | | | | | | | | | | |
| **SECTION “A” – Client Identification** | | | | | | | | | | | | | | |
| * **Please print clearly** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Last Name | | | | | First Name | | | | | | | | | Middle Initial |
|  | | | | |  | | | | | | | | |  |
| Address (Street Number and Name/Apartment Number) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| City/Town | | | Province | | | | | | Country | | | | | |
|  | | |  | | | | | |  | | | | | |
| Postal Code | | | | | | Home Telephone Number (Including Area Code) | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| **SECTION “B” – Banking Information** | | | | | | | | | | | | | | |
| * **Funds cannot be deposited into a joint account** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Branch Number | Institution Number | | | | | | | | | Account Number | | | | |
|  |  | | | | | | | | |  | | | | |
| Bank Identifier Code (BIC) | | Int’l Bank Account Number (IBAN) | | | | | | | | | | Account Type | | |
|  | |  | | | | | | | | | | Savings  Chequing  Other | | |
| Name and Address of Financial Institution (e.g. bank stamp) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Bank Official’s Signature and Position (print name and title) | | | | | | | | | | | Date | | | |
|  | | | | | | | | | | |  | | | |
| **SECTION “C” – Client Authorization** | | | | | | | | | | | | | | |
| I authorize direct deposit of my trust funds into the above-designated account and agree to pay all applicable bank service charges. | | | | | | | | | | | | | | |
|  | | | | | | |  |  | | | | | | |
| Client Signature | | | | | | |  | Date | | | | | | |