

MEMBER ID	OFFICE	CASEWORKER NO.
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## Direct Bank Deposit Authorization

Transit No. (5 digits)

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Institution No. (3 digits)

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Account Number (up to 12 digits)

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Please complete this section and attach an updated copy of your bank statement, as well as your bank information or a **voided** cheque.

John Doe 10 Davis Dr. Toronto, ON M2J 5T6	<b>VOID</b>	Cheque Number 999	19
Pay to The ORDER of	<b>VOID</b>	\$	
<b>Bank of Montreal</b> 3 King St. P.O. Box 66 Toronto, ON M2J 3T6	<b>VOID</b>	100	DOLLARS
«99999« «99 9«999999«			

### Instructions

“ Please print clearly.

“ Do not complete **shaded** boxes.

“ Form must be signed and dated.

“ Contact your worker if you require assistance to complete this form.

Check here ,  
If this is a new account.

Notice with Respect to the Collection of Personal Information (Municipal Freedom of Information and Protection of Privacy Act)  
This information is collected under the legal authority of the Ontario Works Act, 1997, for the purpose of administering employment assistance and basic financial assistance programs. For more information contact the Client Service & Information Unit, Program Support Manager at (416) 397 - 0294.

I hereby authorize Toronto Employment & Social Services to deposit directly to the account indicated above.

This authorization will continue until I give written notice to either change the account number or stop the direct deposit.

I understand the importance of giving accurate banking information to ensure that funds are deposited to the correct account.

Date

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Applicant's Signature

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