



Government
of Canada

Gouvernement
du Canada

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Canada direct deposit enrolment form



[Direct deposit enrolment form \(PDF \(Portable Document Format\), 413KB\)](#)

Protected "B" when completed.

This fillable form has been designed to make it easier for you to enrol in direct deposit. Please note that the completed form cannot be saved on your computer. **Please print, sign and mail the enrolment form.** You also have the option to print and complete the form by hand. For additional information or for assistance, you may:

- consult the [Canada direct deposit enrolment form completion instructions](#)
- consult with your financial institution
- call 1-800-593-1666 toll free Monday, Tuesday, Wednesday and Saturday from 7 am (before midday) to 7 pm (after midday) or Thursday and Friday from 7 am (before midday) to 10 pm (after midday), eastern standard time. People who use a telecommunication device for the deaf (TDD) / teletypewriter (TTY) should place calls with

the assistance of Bell Relay Service (BRS) operators at
1-844-524-5286

Until your direct deposit information has been updated, you will continue to be paid by cheque. If you update your direct deposit information, do not close the old account before we deposit the payment into the new account. To update your banking information, please complete a new direct deposit enrolment form. Please do not use this form to provide change of address information.

Please read the [privacy notice](#).

Note

If you intend to fill out the form by hand, please print clearly and use capital letters in all sections.

Part A: Identification information

* Surname (maximum of 20 characters) (required)

* Given name (maximum of 20 characters) (required)

Initial(s) (maximum of 2 characters)

* Address (maximum of 50 characters) (required)

* City, Town (maximum of 20 characters) (required)

*** Province (required)***** Postal code (A1A1A1) (required)***** Telephone (999-999-9999) (required)***** Date of birth (YYYY-MM-DD) (required)** *** Social insurance number (no dashes or spaces, 9 digits) (required)**

Part B: Payment information

*** Indicate at least one payment to which you would like this change applied. (required)**

Canada Revenue Agency

Income tax refund, Goods and Services Tax/Harmonized Sales Tax (GST/HST) credit, Canada Child Benefit (CCB) and any related provincial and territorial payments, Canada Workers Benefit (CWB) advance payments, any other deemed overpayment of tax, and any applicable benefit payments for previous years. I understand that providing new banking information replaces the previously provided banking information and it will stay in effect until changed by me.

Canada Revenue Agency payment(s)

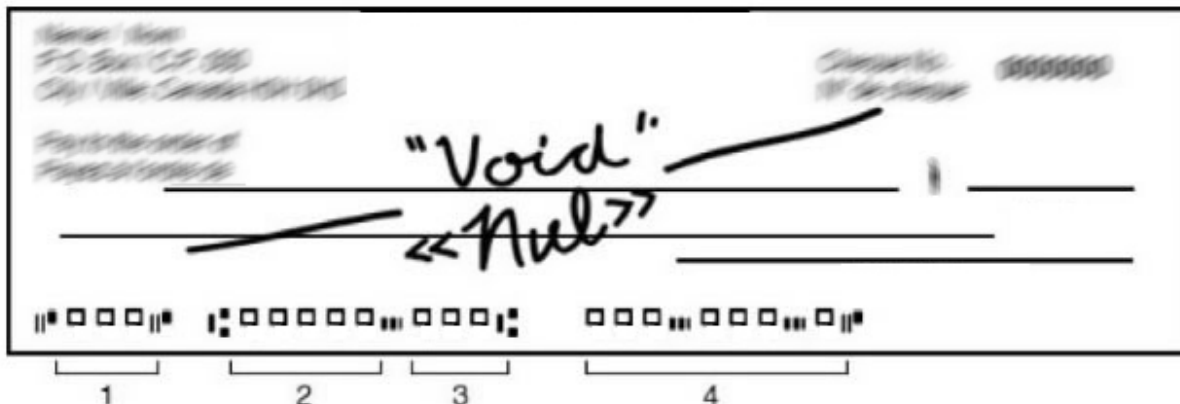
Service Canada

Old Age Security

Canada Pension Plan

I understand that providing new banking information replaces any banking information on file with the Service Canada program(s) I am selecting, and it will stay in effect until changed by me.

i Complete Part C or attach a blank cheque with "void" written on it



The digits at the bottom of your cheque are described below.

1. The first set of digits are a cheque number: not required
2. The second set of digits (5 digits) are the Branch number: required
3. The third set of digits (3 digits) are the Institution number: required
4. The last set of digits (various lengths) are the Account number: required

A void cheque will be attached to the form

Part C: Banking information (Canadian financial institutions only)

Branch No. (number) (5 digits) (required when void cheque is not attached)

07922

Institution No. (number) (3 digits) (required when void cheque is not attached)

003

Account No. (number) (up to 12 digits) (required when void cheque is not attached)

5138185

Financial institution's stamp here (required when void cheque is not attached)

Name(s) of Account Holder(s) (required when void cheque is not attached)

Part D: Legal representative

Important: Only complete Part D if you are signing on the applicant's behalf.

A legal representative is an individual or organization authorized by virtue of a legal document, such as a Power of Attorney, to act on behalf of the client as though they were the client themselves. A legal representative includes, but is not limited to, Power of Attorney, Executor, Legal Guardian and Public Trustee.

Surname (maximum of 20 characters)

Given name (maximum of 20 characters)

Initial(s) (maximum of 2 characters)

Role (maximum of 20 characters)

Address (maximum of 50 characters)

City, Town (maximum of 20 characters)

Province

Postal code (A1A1A1)**Telephone (999-999-9999)**

Part E: Consent

Provision of the personal information, including your Social Insurance Number (SIN), is pursuant to the *Department of Public Works and Government Services Act*, s. 5, s. 11 and the *Financial Administration Act* s. 35(2). The Receiver General will use and disclose information to the federal institutions identified in Part B and to your financial institution in order to issue direct deposit payments, but will not disclose your ~~SIN (Social Insurance Number)~~ to your financial institution. Your personal information will be protected, used and disclosed in accordance with the *Privacy Act*, and as described in Personal Information Bank PWGSC (Public Works and Government Services Canada) PCU (Central Bank (General Public)) 712, Receiver General Payments. Under the Act, you have the right to access and correct your personal information, if erroneous or incomplete.

I, the undersigned, have read the Privacy notice and consent to the collection, use, and disclosure of my personal information as described therein.

Date (YYYY-MM-DD)

2022-03-10

Signature of Applicant or Legal Representative

i Important

Please do not use this form to provide change of address information.

Please ensure that you sign the form before mailing.

Please "clear data" once the form has been printed to ensure that your information is not visible to other users of this computer.

Mailing address

Mail the completed form to:

Organization:

Receiver General for Canada

Address:

P.O. Box 5000

Matane QC G4W 4R6

Date modified:

2020-12-16