Ontario

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
Beneficiary Name	Beneficiary Account Number