**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

Ontario

# 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<br>☐ Savings<br>☐ Chequing<br>☐ 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 _____