

The information indicated on this form is confidential and will be used solely for the purpose of depositing your payment directly into your bank account. We will not release this information for any other purpose. If you have any questions or concerns, please follow up with your Ministry Contact.

## Completion of All Fields is Mandatory. Incomplete forms will not be processed.

### INSTRUCTIONS

- Culture require you submit both an original preprinted personalized void cheque and an original completed and signed direct deposit form. Any alterations to the information that is preprinted on a cheque will not be accepted.
- Funds will only be deposited into ONE bank account.
- Funds can only be deposited in the name of the person or company who CURRENTLY receives the cheque from the Ministry.
- This form must be signed by both spouses where both spouses are registered as the payment recipients.
- This form must be signed by an official representative of the Bank and must contain the "Bank Stamp."
- Please return the signed form to your Ministry Contact for processing.

### Part 1

#### Party Authorized to Receive Payment

See sample cheque below to complete the following information

Vendor Number (if known)
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Last Name (Individual) Trade Name & Legally Incorporated Name (Company)			First Name (Individuals)	Middle Name
Address			City/Town	
Province	Postal Code	Telephone Number (include area code)		

Email address is required for electronic delivery of remittance advice \_\_\_\_\_

I authorize the Province of Alberta to make all payments due to me by electronic deposit to the below account. Payment shall continue until I advise you of any change.

_____ Dated	_____ Signed	_____ Dated	_____ Signed (if joint account)
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### Part 2 Bank Information

B. Name of Bank		C. Bank Address	
Type of Account (please check one):	D. Bank Transit /Branch Number	E. Bank Number	F. Account Number
<input type="checkbox"/> Chequing <input type="checkbox"/> Savings			
Print Name of Financial Institution Officer	Telephone Number	Dated	Financial Institution Officer's Signature

#### Sample of Personalized Cheque

A Name of Account Holder → Shirley Smith  
#102, 10222 – 102 Street  
Edmonton, Alberta T6P 1L9

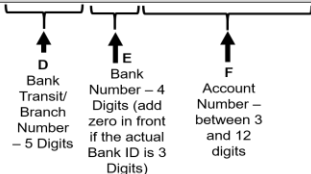
Date \_\_\_\_\_ 159

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

B Name of Bank → ROYAL BANK OF CANADA  
107 Street & 107 Avenue Branch  
10707 – 107 STREET  
EDMONTON, ALTA. T6A 3P8

C Bank Address →

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Bank Teller Stamp