



DIRECT DEPOSIT REQUEST

Alberta Seniors Benefit
 Special Needs Assistance for Seniors

For Office Use Only	
File Number	
Personal Health Number	

A. PERSONAL INFORMATION

Last Name	First Name	Initials
Address		
City/Town	Province	Postal Code
Phone Number	Social Insurance Number	

B. INSTRUCTIONS

CHEQUING ACCOUNT INSTRUCTIONS:

- Attach a personalized cheque with your name, address and bank account number **pre-printed** by your bank.
- Print **VOID** across the front of the cheque.
- Print your **Personal Health Number** on the front right-hand corner of the cheque.
- Return your form. You do not have to complete sections **C** or **D**.

SAVINGS ACCOUNT INSTRUCTIONS:

Please have your Bank/Financial Institution complete section **C** prior to you signing section **D**.

C. CONFIRMATION OF BANKING INFORMATION

Name of Bank		
Bank Address		
Branch Number	Bank Number	Account Number

I, the Bank/Financial Institution officer, verify the above banking information is in the same name as the person indicated in section **A**.

Financial Institution Officer's Signature	Bank Stamp

Phone Number	Date
_____	_____

D. AUTHORIZATION

I authorize the Ministry of Seniors and Housing to make arrangements to deposit payments I receive from them into the bank account shown above. I understand I must notify Alberta Seniors Benefit immediately if I change or close my bank account.

Applicant's Signature _____ Phone Number _____ Date _____

DECLARATION OF WITNESS REQUIRED **ONLY** WHEN APPLICANT SIGNS WITH AN **X**.

I have read the contents of this application to the applicant who appeared to fully understand and who made his or her mark in my presence.

Signature of Witness: _____ Telephone Number: _____

The personal information provided to the Ministry of Seniors and Housing, including information provided by the Canada Revenue Agency (CRA) is collected under the authority of the *Seniors Benefit Act (RSA 2000)*, *Seniors Benefits Act General Regulation*, and the *Freedom of Information and Privacy (FOIP) Act (RSA 2000)* and will be managed in accordance with the *FOIP Act*. The information will be used for the purpose of administering the Alberta Seniors Financial Assistance Programs, including the Alberta Seniors Benefit, Special Needs Assistance for Seniors, and the Dental and Optical Assistance for Seniors programs.

If you have any questions about the collection of this information, you can contact:

Ministry of Seniors and Housing
Seniors Services Division
PO Box 3100
Edmonton, Alberta, Canada T5J 4W3

Telephone (toll-free in Alberta): 1-877-644-9992 or 780-644-9992 in the Edmonton area.
Fax: 780-422-5954.

Banking Information Change

If you change your banking information please provide your updated direct deposit information to Alberta Seniors Benefit.

Direct Deposit Request forms are available at:
www.alberta.ca/seniors-financial-assistance.aspx

If you have any questions please call toll free 1-877-644-9992 or 780-644-9992 in the Edmonton area. Please have your Personal Health Number ready when you call.

Important Notice

Your benefit will vary depending on your Marital/Cohabitation status, eligibility for Old Age Security, and whether you own your home, rent, live with family or live in provincial government subsidized housing. Please ensure you report any change to your residence, Marital/Cohabitation status or eligibility for Old Age Security Benefits to the Alberta Seniors Benefit office. Failure to report these changes may result in an **Underpayment** or **Overpayment** of benefits.