



# 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 Assisted Living and Social Services 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 collected through the Direct Deposit Request Form is for administering Alberta's seniors financial assistance programs, including the Alberta Seniors Benefit, Supplementary Accommodation Benefit, and Special Needs Assistance for Seniors programs. Information will be input into an automated system to generate content, make decisions, recommendations or predictions. This collection is authorized by sections 4(a) and (c) of the *Protection of Privacy Act*, the *Seniors Benefit Act* (RSA 2000), and section 2(1) of the *Seniors Benefit Act General Regulation*. For questions about the collection of personal information, contact the Alberta Supports Contact Centre at 1-877-644-9992, email [ALSS.ClientRelations@gov.ab.ca](mailto:ALSS.ClientRelations@gov.ab.ca), or mail to Seniors Financial Assistance, PO Box 3100, Edmonton, Alberta, T5J 4W3.

## Banking Information Change

### Send in your form

Use one of the following options to send in your completed document:

- Submit documents online at [www.seniors.alberta.ca/submit-documents](http://www.seniors.alberta.ca/submit-documents)
- Fax to 780-422-5954
- Mail to:  
Seniors Financial Assistance  
PO Box 3100  
Edmonton, Alberta T5J 4W3

## Important Notice

Please inform us of any changes to your banking information, residence, marital/cohabitation status or eligibility for the Old Age Security Pension to ensure your file is accurate and you receive the correct benefits. For information on how to update your personal information online or to print forms such as a direct deposit form, please visit [www.alberta.ca/seniors-financial-assistance](http://www.alberta.ca/seniors-financial-assistance).

## Questions?

Contact the Alberta Supports Contact Centre at 1-877-644-9992. Please have your Personal Health Number ready when you call.