DIRECT DEPOSIT REQUEST

Seniors Home Adaptation and Repair Program

Mailing Address:
PO Box 1050 STN Main
Edmonton, Alberta
Canada T5J 2M1
Fax # (780) 643-2934

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 Seniors Home Adaptation and Repair Program 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: _____

PLEASE SEE NEXT PAGE

The personal information collected through the Seniors Home Adaptation and Repair Program Direct Deposit Request Form is for the purpose of administering the Seniors Home Adaptation and Repair Program. 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' Home Adaptation and Repair Act* and sections 3(1)(d) and 20 of the Seniors' Home Adaptation and Repair 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, or mail to Manager, Seniors Home Adaptation and Repair Program, PO Box 1050 STN Main, Edmonton, Alberta, T5J 2M1.

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
- Fax to 780-643-2934
- Mail to: Seniors Home Adaptation and Repair Program (SHARP)
  PO Box 1050 Edmonton, Alberta T5J 2M1

Important Notice

Please inform us of any changes to your banking information, residence or marital/ cohabitation status to ensure your file is accurate. 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-home-adaptation-repair-program.

Questions?

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