

5853 Peer Street
Niagara Falls ON
L2G 1X4
Tel: 905-354-3561
Fax: 905-353-1613

250 Thorold Road
Welland ON
L3C 3W2
Tel: 905-734-7975
Fax: 905-735-7307

234 Bunting Road
P.O. Box 850
St. Catharines ON
L2R 6Z4
Tel: 905-641-9960
Fax: 905-984-8760

92 Charlotte Street
Port Colborne ON
L3K 3E1
Tel: 905-734-7975
Fax: 905-834-4445

469 Central Avenue
Fort Erie ON
L2A 3T8
Tel: 905-354-3561
Fax: 905-994-7262

Direct Deposit Information

1. Funds are deposited in your account at 12:01 a.m. on the payment due date. Remember Automatic Teller Machines are on day behind
2. You will receive a monthly Statement of Direct Deposit.
3. Creditors may attempt to recover outstanding debts from funds in your bank account. If you have concerns in this regard, please contact your worker.

Please send in or drop off this form at your local office after you have signed it and attach a voided cheque.

Remember: Do not use someone else's cheque
Mark the cheque void.

Direct Bank Deposit Information

1. Your bank account must have withdrawal privileges.
2. Your funds are deposited at 12:01 a.m. on the payment due date. Remember Automatic Teller Machines operate one day behind.
3. A monthly Statement of Direct Deposit will be mailed to you.
4. Creditors may attempt to recover outstanding debts from funds in your bank account. If you have concerns in this regard please contact your worker.
5. If you account number changes or if you change banks notify your worker immediately. Do not close your account until your Direct Deposit arrives in your new account.

Authorization for Direct Deposit

- I have read and understood the above.
- I understand that the agreement may be revoked at any time by the Ministry/Delivery Agent.
- I hereby authorize direct deposit to the account designated.

Signature

Date

Notice with Respect to the Collection of Personal Information
(Freedom of Information and Protection of Privacy Act)
(Municipal Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the Ontario Disability Support Program Act, 1997, sections 5, 10, 45 & 46 or the Ontario Works Act, 1997, sections 7, 8, 15, 57, & 58 for the purpose of administering Government of Ontario social assistance programs. For more information contact

Ontario Works or ODSP office

() _____ In your local



Ontario Ministry of Community and Social Services

Please attach a blank cheque of your bank and mark it void as indicated below.

James Black 10 Davis Drive Waterloo ON N2J 3T3	CHEQUE NUMBER 066 /20
VOID	
PAY TO THE ORDER OF	
Bank of Montreal 3 King St S P.O. Box 66 Waterloo ON N2J 3T6	
/100 DOLLARS	

Branch institution Account No.

Office Use Only

Today's date D M Y			Office I.D.	Case org.
Member Identification Member			Prog	
Branch	Institution	Account number		

Example

Branch 2 4 2 3 2	Institution 0 0 1
Account number 3 0 0 0 1 2 3	

Input Instructions

- Input starts at the left
- Extra spaces are left blank
- Today's date - critical for audit trail
- Office I.D. Case Org Member I.D. - all mandatory
- Program - ODSP(4), OW(1)
- Branch - mandatory 5 digits
- Institution - 3 digits
- TD Canada Trust (004)
- President's Choice (0326)
- Account - up to 12 digits
- Ignore all bars and dashes

Problems

- Refer to training manual when:
- Bank account is not in applicant/recipient and where applicable trustee name

- Please keep this portion for future reference -

If you change your Bank or Bank Account
 Notify your local office immediately. Notify your deposit centre to
 close your old account and your deposit centre to open
 your new account.
 Do not close your old account until you first deposit into it.
 Your account should have withdrawal privileges.