

**Important**

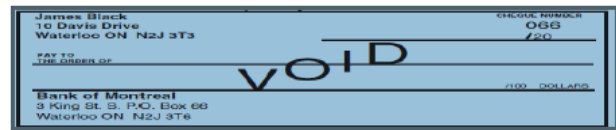
- Your bank account must have withdrawal privileges.
- Your funds are deposited at 12:01 a.m. on the payment due date. Remember Automatic Teller machines operate one day behind.
- A monthly Statement of Direct Deposit will be mailed to you.
- Creditors may attempt to recover outstanding debts from funds in your bank account. If you have concerns in this regard, please contact your worker.
- If you account number changes or if you change banks notify your worker immediately. Do not close your old account until your direct deposit arrives in your new account.
- Please send in or drop off this form at your local office after you have signed it and attached a voided cheque.

**Section 1 – Recipient Information**

Last Name	First Name	Middle Initial	
Address:Unit Number	Street Number	Street Name	PO Box
City/Town	Province	Postal Code	Telephone Number

**Section 2 – Direct Deposit Information**

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


**Office Use Only  
Input Instructions**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Input starts at left</li> <li>• Extra spaces are left blank</li> <li>• Today's date – critical for audit trail</li> <li>• Office I.D., Case Org. Member I.D. – all mandatory</li> </ul> | <ul style="list-style-type: none"> <li>• Program – ODSP (4), OW (1)</li> <li>• Branch – Mandatory 5 digits</li> <li>• Institution – 3 digits</li> <li>• Account – up to 12 digits, ignore bars and dashes</li> </ul> |
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**Problems:** Refer to training manual when bank account is not in applicant/recipient and where applicable trustee name.

Today's Date	Office ID	Case Org.	Member Identification	Program
Effective Date (yyyymmdd)	Branch	Institution	Account Number	

**Section 3 – Authorization for Direct Deposit**

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>• I have read and understand the above</li> </ul> | <ul style="list-style-type: none"> <li>• I understand that the agreement may be revoked at any time by the Ministry/Delivery Agent.</li> </ul> | <ul style="list-style-type: none"> <li>• I hereby authorize direct deposit to the account designated.</li> </ul> |
|--|--|--|

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 your local Ontario Works or ODSP office.

[Download form before completing.](#)