

Low-Income Seniors Benefit Direct Deposit Service Application Form

To whom does this apply?

- Individuals who wish to have Low-Income Seniors benefit payments deposited directly into their bank accounts.

How does it work?

- Your payment(s) will be deposited to your account in any financial institution in Canada.
- You will receive an email or notice by mail confirming the amount deposited.
- The account information you provide will be used to deposit payment(s) for the Low-Income Seniors benefit program until instructed otherwise.

What is required?

- You must complete and return this direct-deposit form for initial set-up, or for subsequent change of account number.
- The form must be sent to the above noted address.

Where can I obtain more information?

- Contact the Service New Brunswick, Program Delivery Unit at 1-833-796-0944.

Must be completed by the applicant:

Instructions

If you have a personalized cheque on which your name, address and account number are printed, attach an original blank cheque to this document. Please mark VOID across the face of the cheque.

If you do not have a personalized cheque, the section to the right should be completed and validated by your bank or financial institution.

Please note that until further notice and appropriate authorization is received from you to change account numbers, payment(s) for the Low-Income Seniors Benefit program to you (as recipient) will be deposited to the bank account provided.

Name _____

Address _____

Telephone _____

I hereby authorize you to credit this account with payments issued by the Finance and Treasury Board.

Signature _____

Date _____

e-mail address (for notice-of-deposit details) _____

To be completed by bank or financial institution – please print

(Complete only if VOID cheque is not attached)

Bank/Financial institution name _____

Bank/Financial institution address _____

Authorized signature _____

Date _____

--	--	--

Bank identification

--	--	--	--	--	--

Transit number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Applicant account number

Validation stamp

--

The personal information on this form is being collected under the authority of the New Brunswick Income Tax Act and will be used for the purposes of setting up Direct Deposit Service and the necessary administration of this authorization.

For Office Use Only:	Reference Number:	Setup:	Date:
----------------------	-------------------	--------	-------