



## Electronic Deposit Private & Confidential

**Note:** Ensure that all digits of your bank, branch and account numbers are entered below, otherwise we will be unable to deposit your pay - or it may go into someone else's account. If you have any questions, please contact your bank for the proper numbers.

**Note:** This form will also authorize deposits via Electronic Funds Transfer (EFT) from ONCAT directly to your bank account. All refunds will be deposited into the account indicated on this form.

NAME OF RECIPIENT: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_

BRANCH ADDRESS: \_\_\_\_\_

BRANCH OR TRANSIT CODE (must be 5 digits): \_\_\_\_\_

INSTITUTION # (must be 3 digits): \_\_\_\_\_

ACCOUNT # (must be at least 7 digits): \_\_\_\_\_

### Ontario Council on Articulation and Transfer (ONCAT)

180 Dundas St. West Suite 1902  
Toronto, Ontario M5G 1Z8  
T: (416) 640 6951 | F: (416) 640 6959  
[www.oncat.ca](http://www.oncat.ca)

ONCAT is funded by the Government of Ontario



Sample void cheque and direct deposit slip, indicating where to find appropriate numbers:

001

YOUR NAME  
123 ANY STREET  
YOUR TOWN, PROVINCE M4P 1V5

DATE 

Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

100 DOLLARS

YOUR FINANCIAL INSTITUTION  
456 MAIN STREET  
YOUR TOWN, PROVINCE I1L 1L1

MEMO \_\_\_\_\_

⑈001⑈    ⑆12345⑆⑆678⑆    ⑆23⑆⑆456⑆⑆7⑈  
Cheque #            Transit # Institution #            Account #

Your Bank                      \*SAMPLE\*

**New Direct Deposit/Pre-authorized Transactions**

Customer name: \_\_\_\_\_

Account No \_\_\_\_\_  
Transit No.    Inst. No.    Account No.

**This form is used for new direct deposits/pre-authorized transactions only. Please take this form to your billing/deposit company.**

**Billing/deposit company information:**

Company name \_\_\_\_\_ Phone \_\_\_\_\_  
Street \_\_\_\_\_ Fax \_\_\_\_\_  
City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code \_\_\_\_\_

**Please accept this document as my authorization to set up new direct deposit/pre-authorized transactions for the following:**  
(one form for each change)

1. Preauthorized payment  
Please indicate which apply:

<input type="checkbox"/> Insurance	<input type="checkbox"/> Mortgage payment	Policy/account # _____
<input type="checkbox"/> Utility	<input type="checkbox"/> Lease	Payment frequency (monthly, weekly, daily) _____
<input type="checkbox"/> Membership	<input type="checkbox"/> Other	Payment amount _____
<input type="checkbox"/> Loan payment		Next payment date (dd/mm/yyyy) _____

2. Direct deposits  
Please indicate which apply:

<input type="checkbox"/> RIF/LIF/LRIF	<input type="checkbox"/> Annuity
<input type="checkbox"/> Benefit/Pension	<input type="checkbox"/> Other

3. Payroll deposit

All authorized signatures required

Customer or Signing Officer signature(s) \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_\_

Customer or Signing Officer signature(s) \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_\_

Note: To set up Government Direct Deposits, please complete the appropriate Government of Canada forms. The branch can provide you with a 'Direct Deposit Enrollment Request' form (#520745) or you can refer to the Canada Customs and Revenue Agency website (www.ccrs-adrc.gc.ca).

32218 (1/09)

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