

PROTECTED WHEN COMPLETED

PAYEE AND DIRECT DEPOSIT ENROLMENT FORM

Please keep our agency informed of any changes to the information on this form.

New	Change	Address	Bank Information	NSERC	SSHRC
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PART A - IDENTIFICATION INFORMATION (REQUIRED)

<p>To update your address or banking information, please complete a new Payee and Direct Deposit Enrolment Form, and choose the "Change" button above. To ensure proper transmission of electronic payment, the country indicated in the current section must match the country of the bank account information provided.</p> <p>Name of Payee: _____</p> <p>Reference number: _____</p> <p>Authorized representative's name (if applicable): _____</p> <p>Address of Payee: _____</p> <p>Telephone number: _____ E-mail: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Type of Payee</th> <th style="text-align: left;">Need to provide</th> </tr> </thead> <tbody> <tr> <td>Awardee</td> <td>Award # _____</td> </tr> <tr> <td>Employee</td> <td>PRI: _____</td> </tr> <tr> <td>Committee Member</td> <td>SIN: _____</td> </tr> <tr> <td>Organization</td> <td>BN (CDN): _____</td> </tr> <tr> <td>Supplier</td> <td>BN (CDN): _____</td> </tr> <tr> <td>Other (Specify)</td> <td>_____</td> </tr> </tbody> </table>	Type of Payee	Need to provide	Awardee	Award # _____	Employee	PRI: _____	Committee Member	SIN: _____	Organization	BN (CDN): _____	Supplier	BN (CDN): _____	Other (Specify)	_____
Type of Payee	Need to provide														
Awardee	Award # _____														
Employee	PRI: _____														
Committee Member	SIN: _____														
Organization	BN (CDN): _____														
Supplier	BN (CDN): _____														
Other (Specify)	_____														

PART B - BANK INFORMATION (FOR DIRECT DEPOSIT) - See instructions

1. CANADIAN BANK (Canadian dollars)		
Branch number (5 digits) _____	Institution number (3 digits) _____	Account number _____
2. AMERICAN BANK (US dollars)		
ABA / Routing number (9 digits) _____	Account number _____	Chequing Savings
3. EUROPEAN BANK (Euros)		
Bank Swift Code (BIC/SWIFT) (8 or 11 characters) _____	IBAN number _____	
Account number _____	Name(s) of account holder(s) _____	
4. GREAT BRITAIN BANK (Pounds Sterling)		
Account Number _____	Name(s) of account holder(s) _____	
Bank Account Sort Code (6 digits) _____		
International Bank Account IBAN (22 Char.) _____	BIC/SWIFT (11 char.) _____	
Postal Account Post Office (6 digits) _____		
Building Society Account Sort Code (6 digits) _____	Roll # _____	

For applications from other countries not listed in this form, or for any questions about direct deposit, please contact DirectDeposit@nserc-crsng.gc.ca or DirectDeposit@sshrc-crsh.gc.ca. We will provide the proper form or follow-up accordingly on the enquiry.

PART C - CONSENT

Statement of Certification

By signing below, I authorize NSERC / SSHRC to deposit payment(s), until further notice, into my account noted herein by means of direct deposit, OR, if no banking information is provided, to send payment by cheque to the address noted herein. I also agree that the Canadian government and its agents will not be liable to me, or any third party, for any special, consequential or incidental damages arising from delay. I authorize the Receiver General for Canada, for foreign payments, to convert Canadian dollars in the currency of the country as indicated in PART A of this form.

Privacy Notice
 Provision of the personal information, including your Social Insurance Number (SIN), is pursuant to Department of Public Works and Government Services Act, s.5, s.11 and the Financial Administration Act, ss.35(2). The Receiver General will use and disclose information to your financial institution in order to issue direct deposit payments, but will not disclose your SIN to your financial institution. Your personal information will be protected, used and disclosed in accordance with the Privacy Act, and as described in Personal Information Bank PWGSC PSU 712, Receiver General Payments. Under the Act, you have the right to access and correct your personal information, if incorrect or incomplete.

I, the undersigned, have read the Privacy Notice and consent to the collection, use and disclosure of my personal information as described therein.

I certify the accuracy of the information provided and agree with the above Statement of Certification.

Signature of applicant: _____ Date (YYYY-MM-DD): _____

To mail the form, click on the "Validate and Print" button. Please return it to the address below.

NSERC / SSHRC
Accounting Services (Direct Deposit)
 350 Albert Street PO Box 1610
 Ottawa, Ontario K1P 6G4

NSERC/ SSHRC **internal use only**. Due diligence is required: Yes No

Created by: _____ Verified by: _____

INSTRUCTIONS

How to complete Part B.1 - for Canadian Financial Institutions

1. Cheque number - not required
2. Branch number - 5 digits
3. Institution number - 3 digits
4. Account number - as shown on your cheque

Name / Nom **Example / Exemple**
P.O. Box / C.P. 000
City / Ville, Canada H0H 0H0

Cheque No. 0000000
N° de chèque

Pay to the order of
Payez à l'ordre de

"Void"
<<Nul>>

\$ _____
Dollars

Signature

⑈ 9999 ⑈ ⑈ 999999 ⑈ 9999 ⑈ 999 ⑈ 999 ⑈ 9 ⑈

1 2 3 4

How to complete Part B.2 - for US Banks

1. ABA /Routing number - 9 digits
2. Account number - as shown on your cheque
3. Cheque number - not required

YOUR NAME 123
678 Main Street
Anywhere, MI 12345

DATE _____

PAY TO THE ORDER OF \$ _____
DOLLARS

⑈ 999888 777 ⑈ ⑈ 00 1234 56 789 ⑈ ⑈ 123 ⑈

Routing Number 1
Account Number 2
Check Number 3