



CANADA DIRECT DEPOSIT FORM

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

New Change NSERC SSHRC

Name: _____

Reference or Award number: _____

Authorized Representative's Name (if applicable): _____

Canadian address: _____

Telephone number: () _____ E-mail: _____

Type of Recipient	
<input type="checkbox"/> Institution	<input type="checkbox"/> Awardee
<input type="checkbox"/> Supplier	<input type="checkbox"/> Committee member
<input type="checkbox"/> Employee	<input type="checkbox"/> Other

Account to be credited (choose only one):

- Chequing—attach voided cheque to this form
- Savings—financial institution to complete the section below

Financial institution name and address	Direct deposit routing number	Name(s) of account holder(s):
<i>Stamp may be used</i>	Institution number: _____ Branch number: _____ Account number: _____	

Certification

By signing below, I authorize NSERC/SSHRC to deposit the payment(s), until further notice, into my account noted herein by means of direct deposit. I also agree that neither the Canadian government nor its agents shall be liable to myself or any third party for any special, consequential or incidental damages arising from delay.

Signature of applicant: _____ Date: _____

For any questions or inquiries relating to direct deposit, please send an e-mail to: payables@nserc-crsng.gc.ca or payables@sshrc-crsh.gc.ca

Please return this application with a voided cheque or direct deposit routing number:

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

by fax to:
 NSERC/SSHRC
 Accounting Services (Direct Deposit)
 613-996-0458

NSERC/SSHRC internal use only. Due diligence may be required.

Created by: _____ Verified by: _____