



UNITED STATES DIRECT DEPOSIT FORM

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

<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> NSERC	<input type="checkbox"/> SSHRC
Name: _____ Authorized Representative's Name (if applicable): _____		<b style="text-align: center;">Type of recipient <input type="checkbox"/> Awardee <input type="checkbox"/> Committee member <input type="checkbox"/> Supplier <input type="checkbox"/> Other (specify below)	
United States (US) Address: _____ _____ _____ _____		Reference or Award Number: _____ Telephone Number: _____	
E-mail: _____			

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>	ABA number: _____ Account number: _____	

Certification

By signing below, I authorize NSERC/SSHRC to convert Canadian dollars to US dollars and to deposit the payment(s), until further notice, into my account noted herein by means of direct deposit. I hereby agree to accept the exchange rate applied to the payment(s). 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 deposits, 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
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NSERC/SSHRC internal use only. Due diligence may be required.

Created by: _____ Verified by: _____