

Authorized Agent Signature

Case Number: \_\_ **Income Assistance** Form N – Third Party Direct Vendor/Customer Number: \_\_\_ **Deposit Information Landlord/Supplier Information** Last Name First Name SIN Telephone **Current Mailing Address Business Name Account Information** Information completed below must be the same as bank account information on the voided cheque when attached. VISA Chequing accounts or Personal Line of Credit accounts are not accepted. Institution Number **Branch Number** Account Number Financial Stamp **Branch Address** Name(s) of Account Holder Active Account as of Date (YY/MM/DD): **Authorization** I authorize the Department of Education, Culture and Employment, Government of Northwest Territories, to directly deposit the payment(s) I am entitled to into my bank account until further notice. This authorization is not an assignment of any right to receive payment and revokes all prior payment direction notifications applicable to the payment(s). The authorization may be cancelled or changed at any time with the submission of another authorization form. The Department of Education, Culture and Employment, Government of Northwest

Date (YY/MM/DD)

Territories, or the named financial institution may terminate any direct deposit arrangement at any time.