



Income Assistance

Case Number: \_\_\_\_\_

# Form C – Applicant Direct Deposit Information

## Applicant Information

Last Name	First Name		
Telephone	Date of Birth (YY/MM/DD)	/	/
Current Mailing Address			
Community	, NT	Postal Code	

## Account Information

A personalized blank cheque marked "VOID" or a photocopy of the top portion of a bank statement must be attached to this form or have the information provided by the financial institution.

Institution Number	Branch Number	Account Number
Branch Address		Financial Stamp
Name(s) of Account Holder		
Active Account as of Date (YY/MM/DD):		
	/	/

## Account Information

I understand and agree to the terms and conditions as follows:

I authorize the Department of Education, Culture and Employment, Government of Northwest Territories, to directly deposit the payment(s) entitled to me 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 Territories, or the named financial institution may terminate any direct deposit arrangement at any time.

Applicant Signature	Date (YY/MM/DD)	/	/
---------------------	-----------------	---	---

All sections are mandatory – Place a dash or line through boxes that do not apply to you.