



Public Service Alliance of Canada
Alliance de la Fonction publique du Canada

Direct Deposit Authorization for Electronic Funds Transfer (EFT)

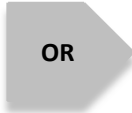
Contact Information

Member Name: _____
Complete address: _____

Email address: _____

Bank Account Information for Deposits

Please attach a blank cheque with your bank information on it. Write 'Void' across the front.

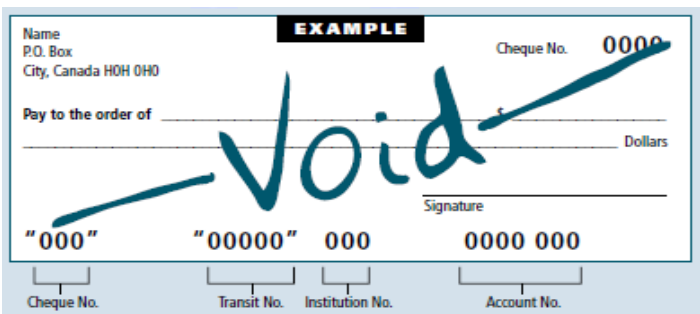


For accounts without cheques, have your bank complete the following:

Type of Account: Chequing Savings

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Name of bank or other financial institution:



Address of branch where account is held:

Transit No.: _____ Institution No.: _____

Authorization of Electronic Funds Payments

I authorize the PSAC to deposit, by electronic funds transfer, payments owed to me by the PSAC. The PSAC will deposit the payments in the banking account designated above. I recognize that if I give incomplete or inaccurate information on this form, payments may be made to the wrong account.

Account No.: _____

Teller Stamp: _____

Please Email a PDF copy or mail a hard copy of the completed authorization form and void cheque:

To: Vicky Daguerre
Supervisor, Financial Accounting

Email: DaguerV@psac-afpc.com
Tel: (613) 560-4361

Address: 233 Gilmour St, Suite 400
Ottawa, ON K2P 0P1