

Direct Deposit Form

To:

--

Source of deposit (ie. employer, company, government agency, organization)

Personal Information:

NAME:		PHONE:
ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:

Bank Information:

INSTITUTION: Manulife Bank of Canada	BANK NUMBER: 540	TRANSIT: 05012	ACCOUNT NUMBER:
BRANCH ADDRESS: 500 King Street North, Waterloo, ON N2J 4C6			

Deposit Type: (check the one that applies)

- Payroll Employee Number: _____
- Government Deposits Social Insurance Number: _____
- Other Additional Information: _____

Please accept this authorization to deposit directly into my Manulife Bank of Canada account.

SIGNATURE

DATE

Please forward this completed form to the source of your deposit (ie. employer, company, government agency, organization) along with a personalized void cheque. It is recommended that you keep a copy for your own records.

