NOVA SCOTIA
Community Services

Direct Deposit Authorization for Electronic Funds Transfer (EFT)

1 Select what would you like to do

- ☐ Start direct deposit
- ☐ Change direct deposit information
- ☐ Stop direct deposit

Effective date (dd/mm/yyyy): _____

2 Provide your contact information

Name: _____ Date of birth (dd/mm/yyyy): _____

Address: _____

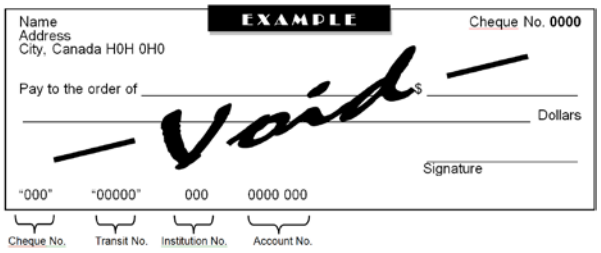
Home Phone (xxx-xxx-xxxx): _____ Cell Phone (xxx-xxx-xxxx): _____

Email address: _____
(for Electronic Funds Transfer (EFT) payment information)

3 Give your banking information

Note: This section is not required if you are stopping direct deposit.

OPTION 1
Please attach a personalized blank cheque with your bank information on it. Write void across the front.



OPTION 2
If you do not have a blank cheque, have your bank complete the following.

Name of bank: _____

Branch address: _____

Transit No.: |_|_|_|_|_| Institution No.: |_|_|_|

Account No.: |_|_|_|_|_|_|_|_|_|_|_|_|

Phone number (xxx-xxx-xxxx): _____

Authorized representative name: _____

Authorized representative signature: _____

Financial Institution Stamp:

4 Authorize electronic payment

I authorize the Province of Nova Scotia to start, change or stop deposit, by electronic funds transfer, payments owed to me by the Province of Nova Scotia and, if necessary, to debit entries and adjustments for amounts deposited electronically in error. The Province will deposit the payments in the banking account designated above.

Note: If I submit my email address to receive EFT payment information, I will receive EFT payment information by email for all payments from Department of Community Services that require no additional reporting.

Signature: _____

Date (dd/mm/yyyy): _____

5 Return completed form and void personalized cheque (if applicable) to your caseworker

Questions? Call your local office.

Office use only			
Person ID	Date Entered (DD/MM/YYYY)	Regional Financial Clerk Name	Regional Financial Clerk Signature