

To ensure the accuracy of your account information, you must:

- 1) Complete the form and attach a personalized cheque marked VOID, or
- 2) Complete Sections 1 and 3, and have your financial institution stamp and complete Section 2.

SECTION 1: PAYEE INFORMATION

Name: _____

Mailing Address: _____

Telephone Number: _____

SIN: _____

SECTION 2: FINANCIAL INSTITUTION AND ACCOUNT INFORMATION

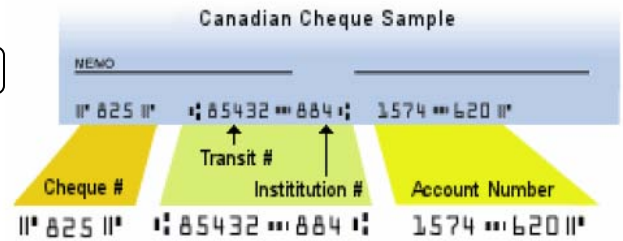
Name of Financial Institution: _____

Address of Financial Institution: _____

Transit #

Institution #

Account #



SECTION 3: AUTHORIZATION

Please deposit payments for financial assistance outlined in agreement # _____, from Employment Nova Scotia (ENS), directly to my account at the financial institution as noted above.

Signature of Payee: _____

Date: _____

PLEASE RETURN THIS FORM AND VOID CHEQUE TO YOUR AGREEMENT MANAGER