

**MANITOBA FAMILIES  
DIRECT DEPOSIT ENROLLMENT FORM**

PARTICIPANTS NAME(S): \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

I/We hereby authorize the Province of Manitoba, Department of Families, to make direct deposits to my/our bank account. The account information required to make direct deposits is as follows:

[PLEASE PRINT]

Bank/Institution Name																
Bank/Institution Number																
Bank Address																
Branch/Office Number																
Account Number																
Account Holder Name(s)																

If your bank account is held jointly with another person, funds deposited into the joint account could be withdrawn by either person.

Above information verified correct by bank representative.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bank Representative's Signature

\_\_\_\_\_  
Bank/Institution Stamp

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature(s)