

## REQUEST DIRECT DEPOSIT FOR MANITOBA SHELTER BENEFIT

Client	No.
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SECTION A – TO START	, CHANGE OR WITHDRAW	FROM DIRECT DEPOSIT

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Check ( $\sqrt{\ }$ ) one box		
Start Direct Deposit Change Information on Direct Deposit Withdraw From Direct Deposit	Effective Date Year Month Day	
SECTION B – INFORMATION ABOUT YOU		
First Name and Initial Last Name	Last Name	
Mailing Address	City	
Province Postal Code		
SECTION C – DIRECT DEPOSIT INFORMATION		
To sign up for or change direct deposit information, choose one of the fol	lowing methods.	
Note – The Provincial Services Branch provides this service free of charge contact your financial institution and inquire about any fees they may charge.		
<ul> <li>Attach a personalized cheque from your bank account to this form. front of the blank cheque and put the Client No. '«ApplicantClientN use the financial information on the cheque to set up direct deposit.</li> </ul>		
<ul> <li>If you don't have a cheque, have your financial institution complete the</li> </ul>	blocks below.	
Branch Number Institution Number Financial Institut	ion's Stamp	
Account Number		
SECTION D – CLIENT AUTHORIZATION		
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I hereby authorize the Provincial Services Branch to deposit my Manitoba She the bank account in Section C. I agree to notify, in writing, the branch at the account changes to my financial institution, branch or bank account number and all of 10 business days, after the receipt of notice, to implement a change. The	ddress indicated below, of ow the branch a minimum direct deposit service will	

continue until I have notified, in writing, the branch at the address indicated below to withdraw from direct deposit. I understand this is a voluntary/optional service and the branch has the right to convert this

payment method back to a cheque payment without notice.

Signature Date