

## Direct Deposit Form

To:				
Source of deposit (ie. employer, compa	any, government agency, organization)			
Personal Information:				
Name:			Phone:	
Address:				
Address:				I
City:	Province:		Postal Code:	
Bank Information:				
Institution:	Bank Number:	Transit:	Account Number:	
Manulife Bank of Canada	540	050	012	
Branch Address: 500 King Street North, Water	rloo, ON N2J 4C6			
<b>Deposit Type:</b> (check the one that applies)				
Payroll Governme	ent Deposits Other			
Employee Number:	Social Insurance Number:		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.

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