Region of Peel
Working for you

Application for Direct Deposit

I hereby authorize the Region of Peel, through the Royal Bank of Canada, to deposit my payments to my bank account as indicated below or, in the case of chequing account, as shown on the cheque below.

This authorization is to remain in effect until I cancel it in writing. In addition, I will advise the Region of Peel of any changes affecting my bank account.

If you have a court judgement or an enforcement order against you for outstanding debts, your assistance, once deposited, may be garnished.

Name (please print) _____ Date of Birth _____
Yr. / Mo. / Day

Telephone Number _____ Caseworker _____

Bank No. | | | |

Account At _____

Address _____ Branch Transit | | | | | |

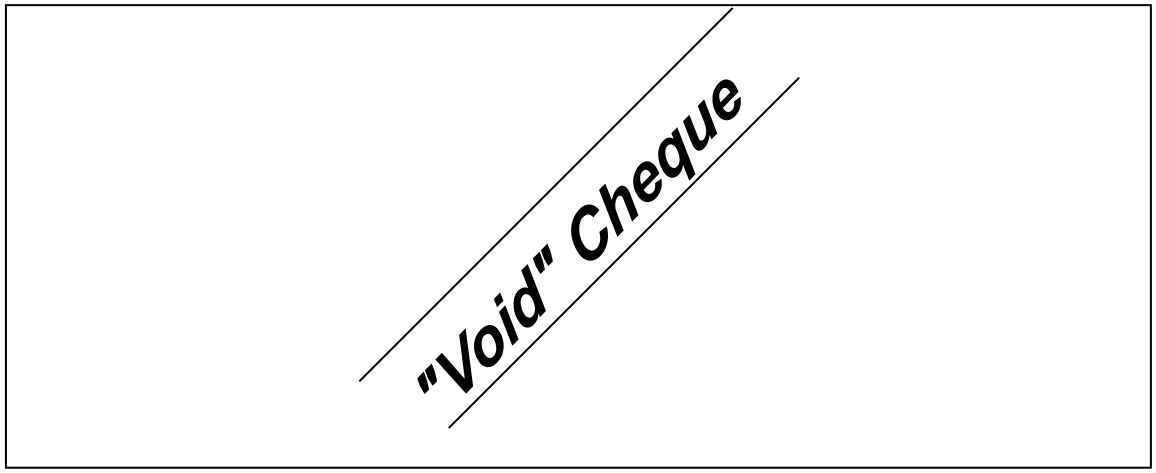
_____

_____

Account No. | | | | | | | | | | | | |

Type of Account _____

Attach a cheque here. (mark cheque "**Void**").



Date _____ Signature _____

When Completed, send this application to the Region of Peel

Notice With Respect To The Collection of Personal Information
(Municipal Freedom of Information and Protection of Privacy Act)

Personal information on this form is collected under the authority of the Ontario Works Act, 1997, c. 25, Sch. A, s. 21. This information will be used for the purpose of providing social assistance to qualifying applicants, withholding assistance from those not qualified and for investigating fraud. Questions about this collection should be directed to the Region of Peel, Human Services Department, Program and Business Support Unit, 10 Peel Centre Dr., Suite B, PO Box 2700 STN B, Brampton ON L6T 0E4, 905-793-9200.

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