Ontario

Ministry of Community and Social Services

Direct Deposit Request

Ontario Disability Support Program
Ontario Works

Important

Your bank account must have withdrawal privileges.

Your funds are deposited at 12:01 a.m. on the payment due date. Remember Automatic Teller Machines operate one day behind.

A monthly Statement of Direct Deposit will be mailed to you.

Creditors may attempt to recover outstanding debts from funds in your bank account. If you have concerns in this regard, please contact your worker.

If your account number changes or if you change banks notify your worker immediately. Do not close your old account until your Direct Deposit arrives in your new account.

Please send in or drop off this form at your local office after you have signed it and attached a voided cheque.

Section 1 – Recipient Information

Member ID

Last Name	First Name	Middle Initial

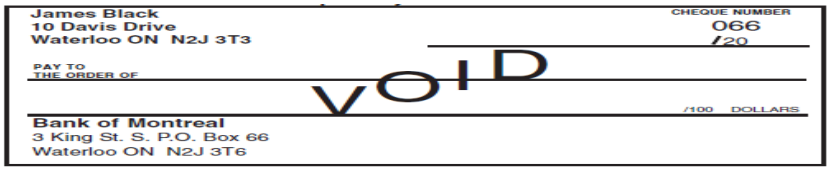
Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code	Telephone Number

Section 2 – Direct Deposit Information

Please attach a blank cheque of your bank and mark it void as indicated.



Office Use Only

Input Instructions

- Input starts at the left
- Extra spaces are left blank
- Today's date - critical for audit trail
- Office I.D., Case Org. Member I.D. - all mandatory
- Program - ODSP(4), OW(1)
- Branch - mandatory 5 digits
- Institution - 3 digits
- Account - up to 12 digits, ignore all bars and dashes

Problems

Refer to training manual when:

- Bank account is not in applicant/recipient and where applicable trustee name

Branch Institution Account Number

Today's Date (yyyymmdd)	Office ID	Case Org.	Member Identification	Program

Effective Date (yyyymmdd)	Branch	Institution	Account Number

Section 3 – Authorization for Direct Deposit

- I have read and understood the above.
- I understand that the agreement may be revoked at any time by the Ministry / Delivery Agent.
- I hereby authorize direct deposit to the account designated.

Signature	Date (yyyy/mm/dd)

Notice with Respect to the Collection of Personal Information

(*Freedom of Information and Protection of Privacy Act*)
(*Municipal Freedom of Information and Protection of Privacy Act*)

This information is collected under the legal authority of the *Ontario Disability Support Program Act*, 1997, sections 5, 10, 45 & 46 or the *Ontario Works Act*, 1997, sections 7, 8, 15, 57 & 58 for the purpose of administering Government of Ontario social assistance programs. For more information contact

_____ at _____, in your local Ontario Works or ODSP office.

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