

# Direct Deposit Payment Request Form

Ministry of Finance  
Provincial Comptroller's Office  
Financial Systems Branch  
700 - 2350 Albert Street  
REGINA SK S4P 4A6

**Check one only**

To Start Direct Deposit

To Change Information on Direct Deposit

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_

By providing your email address, your payment advice will be delivered to the above email address.

**1. Sign this form authorizing payment by direct deposit to your account.**

I hereby authorize direct deposit to the account designated below. I understand that the information provided herein will be used by the Government of Saskatchewan for the purposes of payment processing and accordingly is available to all ministries of the Government of Saskatchewan for such purposes. Further, I understand that this agreement may be cancelled at any time by myself or the Government of Saskatchewan by written notice.

Signer's Name \_\_\_\_\_ Title \_\_\_\_\_  
(please print) (please print)

Authorizing Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_

**2. Please do A or B: (A is preferable, unless we are paying to a non-chequing account)**

A) Attach a current blank company cheque or photocopy marked "Void". The payee's name and address should be pre-printed on the cheque.

B) Have an **official from your financial institution** provide the following information regarding your current account.

Branch	Institution	Account Number																												
<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				

\_\_\_\_\_  
Name and Address of Financial Institution

\_\_\_\_\_  
Financial Institution Official's Signature and Stamp

**Please scan signed document and submit to [mhd@gov.sk.ca](mailto:mhd@gov.sk.ca) or by fax at (306) 787-7227**

**For  
Office  
Use Only**

Supplier Site Name \_\_\_\_\_

Date Received in Finance \_\_\_\_\_ Received by \_\_\_\_\_

Date Entered on MIDAS \_\_\_\_\_ Entered by \_\_\_\_\_