

Mail to: Finance and Treasury Board  
Revenue Administration Division  
P. O. Box 3000  
Fredericton, N.B. E3B 5G5

## Direct Deposit Service Application Form



**To whom does this apply?**

- Individuals who wish to have payments issued by Finance and Treasury Board deposited directly into their bank accounts.

**How does it work?**

- Your payment(s) will be deposited to your account in any financial institution in Canada.
- You will receive an email or notice by mail confirming the amount deposited.
- The account information you provide will be used to deposit payment(s) to you from Finance and Treasury Board until instructed otherwise.

**What is required?**

- You must complete and return this direct-deposit form for initial set-up, or for subsequent change of account number.
- The form must be sent to the above noted address.

**Where can I obtain more information?**

Contact the Finance and Treasury Board, Revenue Administration Division at 1-800-669-7070.

**Must be completed by the applicant:**

**Instructions**

If you have a personalized cheque on which your name, address and account number are printed, attach an original blank cheque to this document. Please mark VOID across the face of the cheque.

If you do not have a personalized cheque, the section to the right should be completed and validated by your bank or financial institution.

**Please note that until further notice and appropriate authorization is received from you to change account numbers, payment(s) from Finance and Treasury Board to you (as recipient) will be deposited to the bank account provided.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

*I hereby authorize you to credit this account with payments issued by the Finance and Treasury Board.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

e-mail address (for notice-of-deposit details) \_\_\_\_\_

**To be completed by bank or financial institution – please print**  
(complete only if VOID cheque is not attached)

Bank/Financial institution name \_\_\_\_\_

Bank/Financial institution address \_\_\_\_\_

Authorized signature \_\_\_\_\_

Date \_\_\_\_\_

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Bank identification

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Transit number

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Applicant account number

Validation stamp

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*The personal information on this form is being collected under the authority of the **New Brunswick Income Tax Act**, and will be used for the purposes of setting up Direct Deposit Service and the necessary administration of this authorization. If you have any questions regarding the collection and use of this information, please contact the Manager Tax Accounting, Refunds and Financial Analysis Finance and Treasury Board, P. O. Box 3000, Fredericton, NB E3B 5G5. Phone: 1-800-669-7070 or e-mail [wwwfin@gnb.ca](mailto:wwwfin@gnb.ca).*

For Office Use Only:	Reference Number:	Setup:	Date:
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