



Direct Deposit Information Form (for financial institutions in Canada)

I hereby direct The Civil Service Superannuation Board to deposit my monthly pension on a regular basis to:

Name of Financial Institution: _____

Financial Institution Address: _____

Institution Number (3 digits): _____

Branch Transit Number (5 digits): _____

Account Number: _____

I enclose a blank cheque marked VOID or a direct deposit form from my financial institution for the account to which my monthly payments are to be deposited. Should I be unable to provide a void cheque, I acknowledge that it is my responsibility to ensure that the information on this form is accurate. I acknowledge that I will keep The Civil Service Superannuation Board informed of any changes in my home address, bank or bank account number.

Member's Name: _____

Member's PIN or SIN: _____

Member's Signature

Date

For CSSB Use Only