

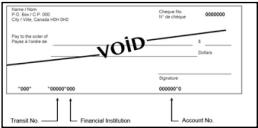


REQUEST FOR PAYMENT BY ELECTRONIC DATA INTERCHANGE (EDI)

PRIVACY NOTICE: Your personal information is collected pursuant to the **Financial Administration Act**, ss. 17(1) and 35(2). The information is used and disclosed to the relevant federal program(s) and to your financial institution for direct deposit purposes. Direct deposit payments can not be made without providing the information requested on this form. Personal information is protected in accordance with the provisions of the **Privacy Act**. Under the Act, individuals and businesses have a right to request access and correct their personal information, if erroneous or incomplete. The personal information collected on this form is stored in the following Standard Personal Information Bank - IC-PSU-931 (Accounts Payable). For questions or comments regarding this privacy notice or for additional information about the administration of the **Privacy Act** at Industry Canada, please communicate with the Information and Privacy Rights Administration office at 343-291-2788. For more information on privacy issues and the **Privacy Act** in general, please consult the Office of the Privacy Commissioner at 1-800-282-1376.

The following information is required because the refund will be issued by direct deposit. If you have already completed this form, you do not need to complete it again unless your personal or banking information has changed.

Corporation number <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	Request ID <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	Note: The corporation number and request ID are indicated on the Notice of Refund sent by Corporations Canada.
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Banking information (Your account must be EDI compliant. Please consult your financial institution. Void cheque must be attached.)			
Name of financial institution: _____			
Address: _____			
City: _____		Province / Territory: _____	Postal code: _____
Branch transit number <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	Financial institution number <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	Account number <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	

Client information			
Name: _____			
Address: _____			
City: _____		Province / Territory: _____	Postal code: _____

Contact information			
Print name: _____			
Email: _____		Telephone number: _____	

Consent	
I, the undersigned, consent to the Receiver General for Canada issuing my payments as indicated above, by direct deposit, to my bank account. I, the undersigned, have read the Privacy Notice and consent to the collection, use and disclosure of my personal information as outlined in the notice. To ensure prompt payment(s), I will notify the Receiver General for Canada of any changes to my banking information. I, the undersigned, confirm that all information provided above is correct.	
Signature _____	Date: _____
<input type="checkbox"/> I have included a void cheque or copy of a cheque with this form.	

Please return completed form by mail only to:

Corporations Canada
235 Queen Street
Ottawa, Ontario K1A 0H5